Pulse Survey Methods and Results

Promoting Green Spaces and Addressing Adverse Childhood Experiences

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National Association of Chronic Disease Directors
Prepared by:
Paula F. Clayton, MS, RDN, LD
Randy Schwartz, MSPH
Sandte Stanley, MA, MPH

chronicdisease.org

101 W. Ponce de Leon Ave., Suite 400, Decatur, GA 30030

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
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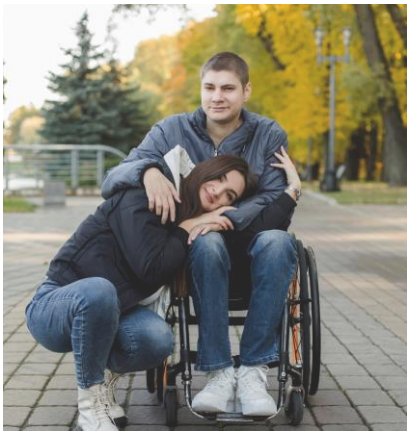
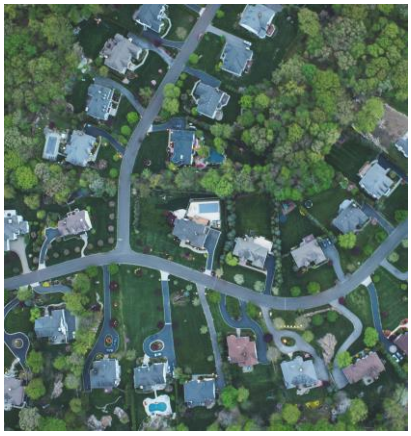
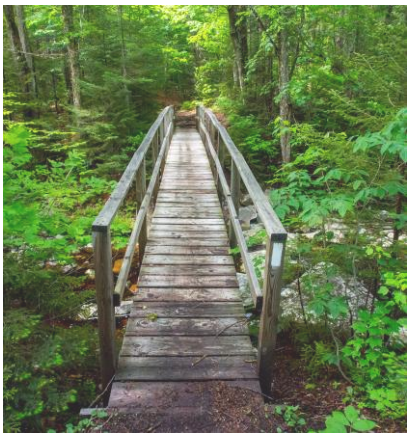
Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally.





Introduction

The National Association of Chronic Disease Directors (NACDD) serves Chronic Disease Directors working in State, Tribal, and Territorial Health Departments. NACDD routinely engages it members in monitoring emerging priorities to explore Member needs related to chronic disease threats. NACDD's Cancer Public Health Consultants collaborated with the Association's Center for Public Health Leadership to survey Chronic Disease Directors about state, territorial, and tribal efforts to address two social determinants of health that are known risk factors for developing cancer: 1) promoting green spaces (tree canopies in particular); and 2) adverse childhood experiences (ACEs). The survey was distributed as the May 2023 Pulse Survey, which typically only goes to state and territorial Chronic Disease Directors. Tribal Cancer Program Directors were also invited to participate to ascertain a complete picture of the extent to which promoting green space and ACEs are being addressed in jurisdictions that are funded by the Centers for Disease Control and Prevention (CDC) to implement cancer prevention and control programs.

Methods

Data collection for the May Pulse Report took place in Qualtrics XM. Data were downloaded and edited using Microsoft Excel, and Stata version 15.1 was used for data analysis. The May Pulse Survey was disseminated by the Vice President of Public Health Leadership at NACDD on the third week of May. The dissemination email was sent to all Chronic Disease Directors from the NACDD membership list, which included those from the continental United States (U.S.), U.S. territories, and tribes and tribal consortiums that are funded by CDC to conduct one or more of the CDC-funded national programs for Breast and Cervical Cancer Early Detection, Comprehensive Cancer Control, Colorectal Cancer, or Cancer Registry. Tribal consortiums are entities that represent the needs of not just one but multiple tribes throughout a particular region or geographic area.

Sixty total respondents engaged with the survey, which closed June 2, 2023.

After 10 duplicate entries and 17 entries with missing data were deleted, we analyzed the remaining uniquely identified responses from 35 states, three territories, and five tribes, which represented an overall response rate of 60%.

The survey included a series of questions which addressed programmatic and legislative work related to green spaces/tree canopies and ACEs. The first section of the survey addressed whether programs for green space initiatives were taking place in the respondents' respective geographical units, the type of entity leading these efforts, and how certain subpopulations were being prioritized. The questions in the second section of the survey pertained to ACEs and included questions similar to the ones being asked in the first section.

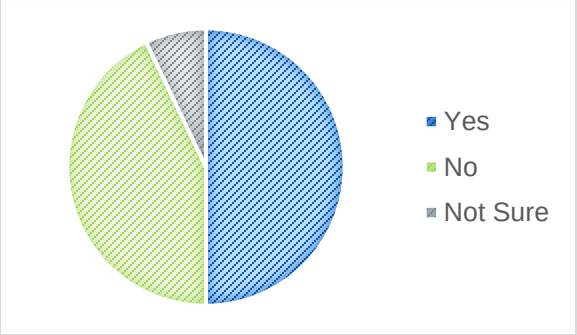
Results

Green Spaces and Tree Canopies

When asked if promoting green space or tree canopies was part of their chronic disease activities, **Figure 1** shows that 50% of the respondents indicated 'yes' they do have green space and/or tree canopies activities, 42% responded 'no', and 7% were 'not sure'.

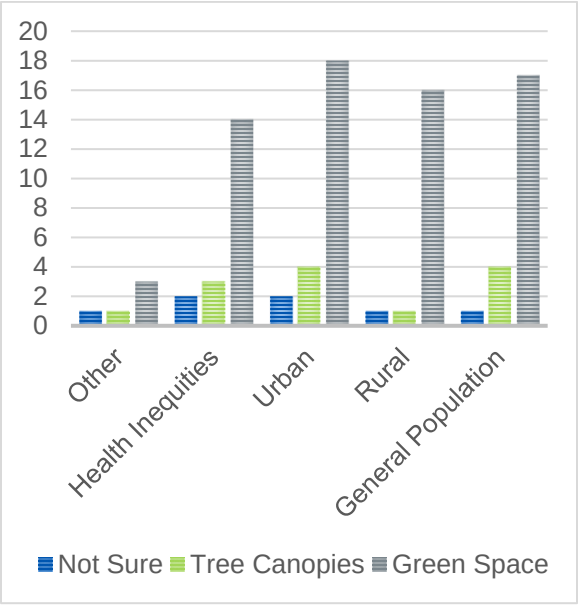
Table 1 shows that the majority of respondents (n=17) indicated that physical activity or nutrition programs lead the work on green spaces in their respective jurisdictions. Those who wrote-in alternative program leads suggested that leadership for green space varied and included climate offices, cancer coalitions, and environmental management offices. These respondents also indicated that objectives were included in coalition plans for green spaces (n=16) and tree canopies (n=4).

Figure 1. Proportion of states, territories, and tribes who responded to promoting green space.



A series of questions was asked about prioritization of subpopulations in work related to green spaces and/or tree canopies. These questions were multiple-answer, therefore it is possible for a single respondent to appear in multiple categories. **Figure 2** shows 17 respondents said that they have green space initiatives focused on general populations, four prioritized general populations in their tree canopy work, and 1 respondent said they did not know. Sixteen respondents reported focusing green space work in rural populations and 18 respondents reported focusing green space work in urban populations. Fifteen respondents indicated that populations in areas identified as having health inequities were prioritized for green space work. Respondents indicated that physical activity/nutrition programs (n=17) are by far the most common leaders of green space and tree canopy initiatives.

Figure 2. Subpopulations prioritized by location and green spaces and tree canopies.



When asked about the status of green space and tree canopy objectives in states, territories, and tribes, 16 responded that green spaces were included in one or more coalition plans. Fifteen state Chronic Disease Directors reported green space objectives were included in their program plans. Fourteen state Chronic Disease Directors reported that their state legislature had addressed green space policy. Two states reported that objectives for both green spaces and tree canopies/tree planting initiatives are included in their coalition plans, state legislature, and proposals introduced by the Governor.

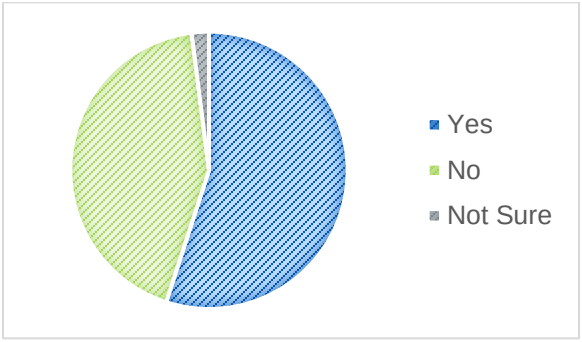
Table 1. Programs that lead current work in green space and tree canopy prevention and/or mitigation in states, territories, and tribes.

Program	Count
Cancer program	3
Cardiovascular health program	3
Diabetes program	1
Physical activity or nutrition program	17
Community health program	3
Environmental health program	2
Injury prevention program	0
Maternal and child health program	0
External partner organization	4
Other	3

Adverse Childhood Experiences

When asked if ACEs is part of their chronic disease prevention and/or mitigation activities 55% responded 'yes', 43% responded 'no', and 2% responded 'not sure' (**Figure 3**).

Figure 3. Percentage of states, territories, and tribes who responded to promoting ACEs.



Three respondents reported that their ACEs work is headed by a cancer prevention program, and one by a cancer mitigation program while four respondents indicated not being sure of who was heading ACEs related work in their jurisdiction. Twelve respondents indicated they have prevention and mitigation ACEs objectives and legislation happening simultaneously, while 19 respondents focused their ACEs initiatives solely on prevention work. **Table 2** shows the distribution of prevention and mitigation ACEs work across state, territory, and tribal programs. From these data we see that respondents cited 'injury prevention' programs (12), 'maternal and child health' prevention programs (10), and 'external partner' prevention programs (6) as leading most of the programmatic work regarding ACEs prevention. Respondents reported that most mitigation work is also located in these program areas.

Table 2. Programs that lead current work in ACEs prevention and/or mitigation in states, territories, and tribes.

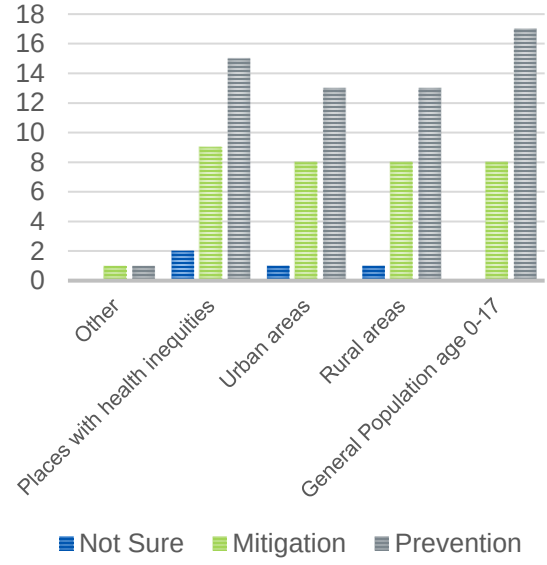
Program	Prevention	Mitigation	Not Sure
Cancer program	3	1	4
Cardiovascular health program	2	1	3
Diabetes program	2	1	3
Physical activity or nutrition program	5	3	3
Community health program	3	3	4
Environmental Health program	2	1	5
Injury prevention program	12	5	4
Maternal and child health program	10	7	3
External partner organization	9	6	3
Other	4	2	2

Those who indicated that ACEs initiatives were being led by an entity other than those listed in **Table 3** stated leadership is being provided by the following groups: the Surgeon General's offices, Children's Trust Fund, a state-run public health institute, the ministry of justice, rape prevention and education, a behavioral health partner, and a school health program.

The final series of questions asked about the nature of ACEs work being conducted in subpopulations of interest (**Figure 4**). Seventeen respondents reported focusing their ACEs prevention work on the subpopulation of children 0-17 years in the general population; 13 focused on children in rural areas, 13 in urban areas, and 15 focused prevention efforts on children in places with identified health inequities.

Fewer respondents reported ACEs mitigation work in these prioritized subpopulations: 11 respondents prioritized ACEs mitigation in the general population of children 0-17; eight in rural subpopulations; eight in urban subpopulations, and nine in places with health inequities. Only one respondent indicated that there were other foci in prevention and intervention programmatic work.

Figure 4. Subpopulations of children prioritized by location and type of work.



When considering both social determinants of health being surveyed (green spaces and ACEs), 75% of the respondents from states, tribes, and territories reported an initiative is currently being led in their respective jurisdiction (**Table 3**).

Table 3. Proportion of states, territories, and tribes that lead initiatives on both green spaces and ACEs, ACEs only, green space only, or neither.

Initiatives	Proportion of Initiatives
Green Space and ACEs	28.6%
ACEs Only	26.2%
Neither	23.8%
Green Space Only	21.4%
Total	**100.00%**

Tribe and Tribal Consortium Responses

When we observe responses from only tribes and tribal consortiums, two reported leading initiatives which pertained to both green space and ACEs and 3 reported having neither type of initiative (**Table 4**).

Table 4. Count of green space and ACEs initiatives among tribes.

Initiatives	Count
Neither	3
Green Space and ACEs	2
Total	**5**

Limitations

The survey was disseminated to all Chronic Disease Directors across the U.S. and in U.S. territories in addition to tribal Cancer Program Director contacts provided by CDC. Based on the response rate for these data we are unable to generalize our findings to all other state and territorial Chronic Disease Directors and tribes that did not answer the survey. We offer instead, insight into new information on the status of a select sample of green space, tree canopy, and ACEs initiatives in states, tribes, and territories that participated in the survey. This information is a steppingstone towards asking more granular questions about these types of initiatives which can be further explored.

Response from tribes was low and again cannot be used to generalize the green space, tree canopy, and ACEs work being conducted across tribes located in the continental U.S. Of the five tribes that responded only two responded ‘yes’ they had either a green space initiative or an ACEs initiative. Additional information about tribes may be beneficial to capture the differences in programming as compared to that conducted by states and territories. A separate survey of Tribal Health Departments with a more specified set of questions reflective of their unique governing structure in responding to health issues in their various tribes and nations may be beneficial.

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