

# North Carolina State Profile

## Building Resilient Inclusive Communities

### Overview

Building Resilient Inclusive Communities (BRIC) is a program of the [National Association of Chronic Disease Directors](#) (NACDD) [Center for Advancing Healthy Communities](#). NACDD and its more than 7,000 Members seek to improve the health of the public by strengthening leadership and expertise for chronic disease prevention and control in states, territories, and at the national level. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention (CDC), NACDD is the only membership association of its kind serving and representing every state and U.S. territory's chronic disease division.

In collaboration with the CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) and the Division of Population Health (DPH), and a team of nationally recognized experts, NACDD is providing funding to 20 states (including 15 DNPAO SPAN-funded states and five DNPAO Ambassador states) to implement BRIC at both a state and local level. As part of the program, states are engaging more than 60 communities to address food and nutrition security, safe physical activity access, and social connectedness through policy, systems, and environmental (PSE) change strategies. Social determinants of health, health equity, and social justice principles are integrated into the planning and implementation of all three strategy areas, in addition to accounting for the impact of the COVID-19 pandemic on groups at highest risk.

The initial project period was Jan. 1, 2021 – Dec. 31, 2021; an additional year of funding was awarded in 2021 and again in 2022, expanding the project period to Dec. 31, 2023. These profiles represent the state- and community-level activities planned by each BRIC state.

Learn more about the [BRIC program](#) or e-mail [BRICinfo@chronicdisease.org](mailto:BRICinfo@chronicdisease.org).

### State-Level Activities

#### Overarching

- Convene the North Carolina Healthy Aging Taskforce, led by the North Carolina Institute of Medicine (NCIOM) with funding provided by North Carolina Division of Public Health (via BRIC), North Carolina Division of Aging and Adult Services (DAAS), American Association of Retired Persons (AARP) North Carolina, and the Duke Endowment, to make recommendations for incorporating social isolation, food and nutrition security, health, mobility, injury and violence prevention, aging in place, and equity.
- Collaborate with partners, such as DAAS, to define elements of social isolation/connectedness and create a snapshot of integration opportunities.
- Engage the Social Isolation Loneliness and Elevated Suicide (SILES) coalition to identify strategies that combat the impact of social isolation including developing a one-on-one support system and building a system for easy entry into virtual programming.

## Community-Level Activities

### Edgewood, Halifax, and Northampton Counties, University of North Carolina Charlotte Campus

#### Food and Nutrition Security (Reaching an estimated 33,000 residents)

- Draft a report of current food and nutrition security models on campus and recommendations for expansion with a health equity lens.
- Submit Supplemental Nutrition Authorization Program (SNAP) application to USDA for SNAP authorization of the University of North Carolina Charlotte (UNCC) on-campus convenience stores.
- Draft a food and nutrition security plan/policy for UNCC campus.

#### Safe Physical Activity Access

- Enhance Steps to Health/Faithful Families Walk Audit Toolkit to include training on how to conduct audits during the COVID-19 pandemic.
- Train Extension staff and community partners working in with select communities on the Steps to Health and Faithful Families Walk Audit Toolkit.
- Collaborate with local partners to complete walking audits and other assessments, as appropriate, to identify needs among high-risk populations to accessing essential services and vaccine distribution sites via active routes to destinations.
- Create or enhance a plan for increasing active routes and/or transportation to essential services and vaccine distribution sites for those most at risk for COVID-19.

#### Social Connectedness

- Revise the Faithful Families Walking Challenge to incorporate intergenerational programming that encourage older adults to walk (in-person or virtually) with younger people in their faith communities.
- Identify needs related to social connectedness and physical activity through stakeholder engagement interviews, using the modified version of the Association of American Medical Colleges Stakeholder Accelerating Health Equity template.
- Conduct an environmental scan of each community using the Neighborhood Environment Walkability Survey (NEWS) Audit Tool.
- Partner with faith communities, parks and recreation departments, and community organizations to provide opportunities for social connection within communities at highest risk of COVID-19.

### Alamance/Guilford Counties with Mustard Seed Community Health

#### Food and Nutrition Security

- Partner with Piedmont Health Services and Sickle Cell Agency (PHSSCA) and key food providers to establish a food pantry site in East Greensboro.

- Partner with Guilford County Cooperative Extension to adopt and implement Food Service Guidelines for the food pantry and distribution program, and develop nutrition plans that focus on hypertension, diabetes, seniors, and infants to include in the food distribution program.
- Collaborate with faith-based communities to support the pantry and distribution program through food donations.
- Adopt and implement new screening tools to assess for food and nutrition insecurity and social determinants of health as part of the in-home screening process.

### Social Connectedness

- Establish a partnership with the Creative Aging Network of North Carolina to identify opportunities for social connection and potential programming.
- Adopt and implement new social isolation and social determinants of health screening tools into the patient intake process.
- Collaborate with CoMetta Connect to identify opportunities for community alignment around social connection and mental well-being.
- Conduct a survey with the food distribution program participants to assess interests and identify social connection opportunities to inform future programming.

## **Wake County with Advance Community Health**

### Food and Nutrition Security

- Launch the Interfaith Food Shuttle including the adoption of a food and nutrition insecurity screening policy and reliable electronic referral methodology.
- Join the Capital Area Food Network and actively participate in the food access/security and economic development circles.
- Complete one food distribution event at the Southeast Raleigh Clinic per month.

### Safe Physical Activity Access

- Implement systems changes to promote the Walk with a Doc program among Advance Community Health (ACH) patients.
- Implement electronic YMCA referral system to increase participation in YMCA programs among ACH patients.
- Develop a community improvement plan and utilize recommendations to implement a demonstration project supporting active routes to destinations.

## Health Equity Spotlight

- An important tenet for the North Carolina BRIC program is to ensure that equity is prioritized in both state- and community-level strategies, policies, and programming. One community partner is leading their efforts by employing Community Health Workers to coordinate and implement efforts to address food and nutrition security as well as social connectedness. A second community partner is working on a community improvement plan that will inform active routes to destinations within disproportionately affected areas of the county.



BUILDING  
**resilient inclusive**  
COMMUNITIES

## Contact Information

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