

Chapter 3: Tobacco Use

Recommendation 3.1: Fund and Implement a Comprehensive Tobacco Control Program

- a) The North Carolina General Assembly should support the state's Comprehensive Tobacco Control Program by protecting the North Carolina Health and Wellness Trust Fund's (HWTF) ability to continue to prevent and reduce tobacco use in North Carolina by:
 - 1) Ensuring that no additional funds are diverted from HWTF's share of the Master Settlement Agreement (MSA).
 - 2) Releasing HWTF from its obligation to use over 65% of its annual MSA receipts to underwrite debt service for the State Capital Facilities Act, 2004.
- b) The North Carolina General Assembly should better enable the North Carolina Division of Public Health (DPH) and HWTF to prevent and reduce tobacco use in North Carolina by appropriating additional funding to DPH so that this new state funding, combined with HWTF's annual allocation for tobacco prevention (based on provision A), reaches \$106.8 million in recurring funds by SFY 2020. The total amount of the funds available for Tobacco Control in North Carolina should be increased as follows:
 - 1) \$26.7 million in recurring funds by SFY 2011
 - 2) \$53.4 million in recurring funds by SFY 2015
 - 3) \$90.8 million in recurring funds by SFY 2018
 - 4) \$106.8 million in recurring funds by SFY 2020
- c) DPH should work collaboratively with the HWTF and other stakeholders to ensure that the funds are spent in accordance with best practices as recommended by the Centers for Disease Control and Prevention.

Recommendation 3.2: Increase North Carolina Tobacco Taxes (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should increase the tax on a pack of cigarettes to meet the current national average. The cigarette tax should be regularly indexed to the national average whenever there is a difference of at least 10% between the national average cost of a pack of cigarettes (both product and taxes) and the North Carolina average cost of a pack of cigarettes.
- b) The North Carolina General Assembly should increase the tax on all other tobacco products to be comparable to the current national cigarette tax average, which would be 55% of the product wholesale price.

- c) These new revenues should be used for a broad range of prevention activities including preventing and reducing dependence on tobacco, alcohol, and other substances.

Recommendation 3.3: Expand Smoke-free Policies in North Carolina

- a) The North Carolina General Assembly should amend current smoke-free laws to mandate that all worksites and public places are smoke-free.
- b) In the absence of a comprehensive state smoke-free law, local governments, through their Boards of County Commissioners, should adopt and enforce ordinances, board of health rules, and policies that restrict or prohibit smoking in public places in accordance with GS 130A-497.

Recommendation 3.4: Expand Access to Cessation Services, Counseling, and Medications for Smokers Who Want to Quit

- a) Insurers, payers, and employers should cover comprehensive, evidence-based tobacco cessation services and benefits including counseling and appropriate medications.
- b) Providers should deliver comprehensive, evidence-based tobacco cessation services including counseling and appropriate medications.

Chapter 4: Obesity, Nutrition, And Physical Activity Recommendations

Recommendation 4.1: Implement Child Nutrition Standards in All Elementary Schools and Test Strategies to Deliver Healthy Meals in Middle and High Schools

- a) Elementary schools should fully implement the State Board of Education (SBE)-adopted nutrition standards. Districts should receive support for implementation from the North Carolina General Assembly under the following conditions:
 - 1. The school district is in full compliance with SBE policy on nutrition standards in elementary schools (GS 115C-264.3).
 - 2. The school district is not charging indirect costs to the Child Nutrition Program until such time as the Child Nutrition Program achieves and sustains a three-month operating balance.

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- b) The North Carolina General Assembly should appropriate \$20 million in recurring funds beginning in SFY 2011 to the North Carolina Department of Public Instruction (DPI) to support the full and consistent implementation of the SBE-adopted nutrition standards in elementary schools.
- c) North Carolina funders should develop a competitive request for proposals to fund a collaborative effort between DPI and other partners to test the potential for innovative strategies to deliver healthy meals in middle and high schools while protecting/maintaining revenue for the Child Nutrition Program. Funders should require grant recipients to conduct an independent rigorous evaluation that includes cost.

Recommendation 4.2: Ensure All Foods and Beverages Available in Schools are Healthy

The North Carolina General Assembly should direct the State Board of Education to establish statewide nutrition standards for foods and beverages available in school-operated vending machines, school stores, and all other operations on the school campus during the instructional day. These standards should meet or exceed national standards.

- a) The North Carolina General Assembly should direct local Boards of Education to require all principals whose schools operate vending machines outside of the Child Nutrition Program to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages that are consistent with the new nutrition standards or with current law GS 115C-264.2 until the new standards are developed. The MOA should be submitted to the North Carolina Department of Public Instruction annually to indicate full compliance.
- b) The North Carolina General Assembly should enact a law to remove advertising and marketing of unhealthy foods and beverages in schools that do not meet standards of GS 115C-264.3.

Recommendation 4.3: Implement Quality Physical Education and Healthful Living in Schools (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should require the State Board of Education (SBE) to implement a five-year phase-in requirement of the following:
 - 1) Quality physical education that includes 150 minutes of elementary school physical education weekly.
 - 2) 225 minutes weekly of Healthful Living curriculum in middle schools, and two units of Healthful Living curricula as a graduation requirement for high schools. The new requirement for middle and high school should require equal time for health and physical education.

- b) The SBE shall be required to report annually to the Education Oversight Committee regarding the Healthful Living education program, physical education program, and Healthy Active Children policy.
- c) The SBE should work with appropriate staff members in the North Carolina Department of Public Instruction, including curriculum and finance representatives, and staff from the North Carolina General Assembly Fiscal Research Division to examine the experiences of other states and develop cost estimates for the five-year phase-in, which should be reported to the research division of the North Carolina General Assembly and the Education Oversight Committee by April 1, 2010.

Recommendation 4.4: Expand Physical Activity and Nutrition in Child Care Centers and After-school Programs

- a) The North Carolina Division of Public Health (DPH) and the North Carolina Partnership for Children, Inc. (NCPC) should expand dissemination of evidenced-based approaches for improved physical activity and nutrition standards in preschools using Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC). Beginning in SFY 2011, the North Carolina General Assembly should appropriate \$70,000 in recurring funds to the DPH and \$325,000 in recurring funds to NCPC for these activities.
- b) The North Carolina Child Care Commission should assess the funding needed for child care centers to incorporate healthy eating and physical activity practices and the process to include healthy eating and physical activity as quality indicators in North Carolina's Star Rated License system for licensed childcare centers.
- c) After-school programs should use the *Move More North Carolina: Recommended Standards for After-School Physical Activity*. Specifically:
 - 1) State agencies should require after-school programs that receive state funding or federal funding administered by the state to use the standards.
 - 2) The North Carolina Department of Public Instruction and the North Carolina Center for Afterschool Programs should encourage other after-school programs that do not receive state or federal funds to use the standards.

Recommendation 4.5: Implement the *Eat Smart, Move More North Carolina Obesity Prevention Plan* and Raise Public Awareness (PRIORITY RECOMMENDATION)

- a) The North Carolina Division of Public Health (DPH) along with its partner organizations should fully implement the *Eat Smart, Move More North Carolina Obesity Prevention Plan* to combat obesity in selected local communities and

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identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state. The North Carolina General Assembly should appropriate \$6.5 million in recurring funds beginning in SFY 2011 to DPH to support this effort. Funding should be allocated as follows:

- 1) \$5 million (\$50,000 per county) to support local capacity (1 FTE) for the dissemination of evidence-based prevention programs and policies in North Carolina communities.
 - 2) \$1 million to *Eat Smart, Move More North Carolina* to expand community competitive grants. Communities should be limited to grants of up to \$40,000 to support evidence-based strategies or best and promising practices that improve nutrition and/or physical activity behavior, thereby promoting healthy weight and reducing chronic disease.
 - 3) \$500,000 to DPH to provide technical assistance for the implementation of the *Eat Smart, Move More North Carolina Obesity Prevention Plan* and/or the competitive grants and to conduct an independent evaluation.
- b) The North Carolina General Assembly should appropriate \$500,000 annually in non-recurring funds for six years beginning in SFY 2011 to DPH for pilot programs of up to \$100,000 per year to reduce overweight and obesity among adolescents.
- c) The North Carolina General Assembly should appropriate \$3.5 million annually for six years beginning in SFY 2011 to DPH to continue the demonstration projects initially funded by the North Carolina General Assembly in 2008. Funding will be distributed to the five current demonstration counties and to three additional counties (on a competitive basis) for interventions in preschools, schools, local communities, faith organizations, worksites, and health care settings to promote and support physical activity and healthy eating. DPH should work in collaboration with *Eat Smart, Move More North Carolina* partners, NC Prevention Partners, the UNC Center for Health Promotion and Disease Prevention, and others to provide technical support and disseminate best practices.
- d) DPH, the North Carolina Health and Wellness Trust Fund (HWTF), and the North Carolina Department of Public Instruction (DPI) should raise public awareness and implement a statewide social marketing campaign to promote healthy physical activity and nutrition behaviors and environments in schools, homes, and the community. Campaign messages should be based on behaviors identified by the Centers for Disease Control and Prevention to guide state efforts against obesity. DPH should work with the HWTF and DPI on the expansion and evaluation of this social marketing campaign. The North Carolina General Assembly should appropriate recurring funds beginning in SFY 2011 to DPH until the funding level reaches \$16 million annually to support this effort. A portion of the funding will be used for evaluation. Funding should be increased as follows:
- 1) \$5.0 million in recurring funds by SFY 2011
 - 2) \$8.0 million in recurring funds by SFY 2015
 - 3) \$12.0 million in recurring funds by SFY 2018
 - 4) \$16.0 million in recurring funds by SFY 2020

Recommendation 4.6: Expand the Availability of Farmers Markets and Farm Stands at Worksites and Faith-based Organizations

Employers and faith-based organizations should help facilitate farmers markets/farm stands at the workplace and in the faith community with a focus on serving low-income individuals and neighborhoods.

Recommendation 4.7: Promote Menu Labeling to Make Nutrition Information Available to Consumers

- a) The North Carolina Division of Public Health (DPH) in collaboration with NC Prevention Partners should promote and offer technical assistance for menu labeling in restaurants through a collaborative effort with the North Carolina Restaurant and Lodging Association. If menu labeling is not implemented by a substantial proportion of restaurants within three years, the state should seek mandatory labeling laws.
- b) DPH should work with other organizations around the country to draft model legislation to promote national standards for menu labeling.

Recommendation 4.8: Build Active Living Communities

- a) The North Carolina General Assembly should authorize counties/municipalities to have the local option to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks.
- b) The North Carolina Division of Parks and Recreation should expand the existing Adopt-a-Trail grant program, which provides grants to governmental agencies and nonprofit organizations for trail and greenway planning, construction, and maintenance projects. The North Carolina General Assembly should appropriate an additional \$1.5 million in recurring funds beginning in SFY 2011 to the North Carolina Division of Parks and Recreation for this program.

Recommendation 4.9: Establish Joint-use Agreements to Expand Use of School and Community Recreational Facilities

- a) The North Carolina School Boards Association should work with state and local organizations including but not limited to the North Carolina Recreation and Park Association, Local Education Agencies, North Carolina Association of Local Health Directors, North Carolina County Commissioners Association, North Carolina League of Municipalities, North Carolina High School Athletic Association, and Parent Teacher Associations to encourage collaboration among

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local schools, parks and recreation, faith organizations, and/or other community groups to expand the use of school facilities for after-hours community physical activity. These groups should examine successful local initiatives and identify barriers, if any, which prevent other local school districts from offering the use of school grounds and facilities for after-hour physical activity and develop strategies to address these barriers. In addition, this collective group should examine possibilities for making community facilities available to schools during school hours, develop model joint-use agreements, and address liability issues.

- b) The State Board of Education should encourage the School Planning Section, Division of School Support, North Carolina Department of Public Instruction to do the following:
 - 1) Provide recommendations for building joint park and school facilities.
 - 2) Include physical activity space in the facility needs survey for 2010 and subsequent years.

Recommendation 4.10: Expand Community Grants Program to Promote Physical Activity

The North Carolina Division of Public Health (DPH) should expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans. Funding should be used to support community efforts that will expand the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation. The North Carolina General Assembly should appropriate \$3.3 million annually for five years beginning in SFY 2011 to DPH to expand the existing Community Grants Program. If successful, the North Carolina General Assembly should expand funding to replicate successful efforts in other parts of the state.

- a) Funds should be used to support programs in both rural and urban areas.
- b) To qualify for Community Grants, local communities must collaborate with a wide consortium of community partners such as local planning departments, local government, public health, schools, parks and recreation, transportation, the faith community, developers, and businesses. Communities must have joint-use agreements in place.
- c) Grantees must use the funds to support:
 - 1) Planning to identify what active living infrastructure exists and what is needed.
 - 2) Development of public policies to guide public and private investment in active living infrastructure.
 - 3) Implementation of physical projects such as new sidewalks, bike paths, and parks to provide residents with places to be active and children with the ability to walk to school.
 - 4) Promotions and programs to encourage the use of these facilities.

- d) DPH should allocate 10% of the funds for an independent evaluation of these projects. Evaluation outcomes should include but not be limited to usage, costs, and the impact of these projects on economic development.

Recommendation 4.11: Increase the Availability of Obesity Screening and Counseling

- a) Insurers, payers, and employers should cover Body Mass Index (BMI) screening and counseling on nutrition and/or physical activity for adults who are identified as obese.
- b) Primary care providers should screen adult patients for obesity using a BMI and provide high-intensity counseling either directly or through referral on nutrition, physical activity, and other strategies to achieve and maintain a healthy weight.

Recommendation 4.12: Expand the CCNC Childhood Obesity Prevention Initiative

If shown to be successful through program evaluations, Community Care of North Carolina (CCNC) should continue expansion of the Childhood Obesity Prevention Initiative including the dissemination and use of already developed clinical initiatives aimed at obesity reduction for Medicaid-enrolled and other children and their families. The North Carolina General Assembly should appropriate one-time funding of \$174,000 in SFY 2011 to the North Carolina Office of Rural Health and Community Care to support this effort.

Chapter 5: STDs, HIV, and Unintended Pregnancy

Recommendation 5.1: Increase Awareness, Screening, and Treatment of Sexually Transmitted Diseases and Reduce Unintended Pregnancies

- a) The North Carolina General Assembly should appropriate \$6.2 million in recurring funds beginning in SFY 2011 to the North Carolina Division of Public Health (DPH) to support efforts to reduce sexually transmitted diseases (STDs) and HIV infection and transmission and prevent unintended pregnancy. Of these funds, DPH should use:
 - 1) \$2.4 million to expand the *Get Real. Get Tested.* campaign for HIV prevention, create STD prevention messages, and collaborate with local health departments to offer nontraditional testing sites to increase community screenings for STDs such as chlamydia and syphilis and for HIV among adolescents, youth, and high-risk populations.

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- 2) \$300,000 to hire bridge counselors in high-prevalence-county local health departments to link individuals who test positive for HIV into medical care in order to prevent transmission.
 - 3) \$3.5 million to develop and disseminate an unintended pregnancy prevention campaign and expand community-based, evidence-based pregnancy prevention programs such as the Nurse Family Partnership, Teen Outreach Program, and other evidence-based pregnancy prevention programs to reach more adolescents and young adults.
- b) DPH should also take the following additional steps to prevent STD and HIV transmission among high-risk populations:
- 1) Collaborate with academic health centers and other major health systems to promote the new rules that allow for opt-out HIV testing.
 - 2) Expand the training and certification of nontraditional providers to increase the use of rapid testing for HIV in high-risk populations.
 - 3) Work with the North Carolina Medical Board, the North Carolina Board of Pharmacy, and the North Carolina Medical Society to explore how to implement Expedited Partner Therapy for chlamydia and gonorrhea in North Carolina.

Recommendation 5.2: Increase HIV Testing in Prisons, Jails and Juvenile Centers

The North Carolina Department of Correction (DOC) should expand its existing HIV-testing policy to include opt-out testing for all prisoners upon release. The North Carolina General Assembly should provide \$1 million in recurring funding beginning in SFY 2011 to the DOC to support this effort.

- a) The North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) should offer opt-out HIV screening in their institutional facilities including youth development centers and youth detention centers. The North Carolina General Assembly should appropriate \$7,000 in recurring funds beginning in SFY 2011 to the DJJDP to support this effort.
- b) Counties should include opt-out HIV testing as part of the comprehensive exam given to inmates in county jails.
- c) The DOC and the North Carolina Division of Public Health should collaborate to ensure prisoners identified as HIV-positive are coordinated for outpatient care prior to release to help them manage their disease and prevent transmission.

Recommendation 5.3: Ensure Students Receive Comprehensive Sexuality Education in North Carolina Public Schools (PRIORITY RECOMMENDATION)

- a) Local school boards should adopt an opt-out consent process to automatically enroll students in the comprehensive reproductive health and safety education program unless a parent or legal guardian specifically requests that their child not receive any or all of this education.
- b) The State Board of Education should require Local Education Agencies to report their consent procedures, as well as the number of students who receive comprehensive reproductive health and safety education and those who receive more limited sexuality education. Information should be reported by grade level and by school.

Recommendation 5.4: Expand the Availability of Family Planning for Low-income Families

- a) The North Carolina Division of Medical Assistance and North Carolina Division of Public Health should enhance access to and utilization of family planning services by low-income families, including providing access to the full range of contraceptives.
 - 1) Local health departments, in partnership with local social services departments, should have a dedicated intake specialist to take Medicaid applications, including the Medicaid *Be Smart* Family Planning Waiver applications.
 - 2) The North Carolina Division of Public Health should direct existing federal family planning funds towards increasing the number of low-income families that are provided services who do not qualify for Medicaid or the Medicaid *Be Smart* Family Planning Waiver program.
 - 3) The North Carolina Division of Medical Assistance should apply to the Centers for Medicare and Medicaid Services to extend the Medicaid *Be Smart* Family Planning Waiver program beyond October 2010 and should include best practices from other states in the program.
- b) The North Carolina Division of Public Health should purchase long-acting, highly effective, reversible contraceptive methods for low-income women who do not qualify for Medicaid or the Medicaid *Be Smart* Family Planning Waiver. The North Carolina General Assembly should appropriate \$931,000 in recurring funds beginning in SFY 2011 to the North Carolina Division of Public Health to support these efforts.

Chapter 6: Substance Abuse and Mental Health

Recommendation 6.1: Develop and Implement a Comprehensive Substance Abuse Prevention Plan (PRIORITY RECOMMENDATION)

- a) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should develop a comprehensive substance abuse prevention plan for use at the state and local levels. The plan should increase the capacity at the state level and within local communities to implement a comprehensive substance abuse prevention system, prioritizing efforts to reach children, adolescents, young adults, and their parents. The goal of the prevention plan is to prevent or delay the onset of use of alcohol, tobacco, or other drugs; reduce the use of addictive substances among users; promote emotional and mental health well-being; identify those who need treatment; and help them obtain services earlier in the disease process.
 - 1) DMHDDSAS should pilot test this prevention plan in six counties or multi-county areas and evaluate its effectiveness. DMHDDSAS should develop a competitive process and select at least one rural pilot and one urban pilot in the three DMHDDSAS regions across the state. DMHDDSAS should provide technical assistance to the selected communities. If effective, the prevention plans should be implemented statewide.
 - 2) The pilot projects should involve multiple community partners, including but not limited to Local Management Entities, primary care providers, health departments, local education agencies, local universities and community colleges, and other appropriate groups.
 - 3) The pilots should incorporate evidence-based programs, policies, and practices that include a mix of strategies including universal and selected populations. Priority should be given to evidence-based programs that have been demonstrated to yield positive impacts on multiple outcomes, including but not limited to preventing or reducing substance use, improving emotional well-being, reducing youth violence or delinquency, or reducing teen pregnancy.
 - 4) The North Carolina General Assembly should appropriate \$1.95 million in recurring funds in SFY 2011 and \$3.7 million in recurring funds in SFY 2012 to DMHDDSAS to support and evaluate these efforts.
- b) The excise taxes on malt beverages and wine should be indexed to the consumer price index so they can keep pace with inflation.
 - 1) The increased fees should be used to fund effective prevention and treatment efforts for alcohol, tobacco, and other drugs.

- 2) The North Carolina General Assembly should appropriate \$2.0 million in recurring funds in SFY 2011 to support a comprehensive alcohol awareness education and prevention campaign aimed at changing cultural norms to prevent initiation, reduce underage alcohol consumption, reduce alcohol abuse or dependence, offer early intervention, and support recovery among adolescents and adults.

Recommendation 6.2: Expand the Availability of Screening, Brief Intervention, and Treatment for People with Behavioral Health Problems in the Primary Care Setting

- a) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should develop a Memorandum of Agreement with the North Carolina Office of Rural Health and Community Care (ORHCC), Governor's Institute on Alcohol and Substance Abuse, North Carolina Area Health Education Centers (AHEC) program, and other appropriate organizations to educate and encourage health care professionals to use evidence-based screening tools and offer counseling, brief intervention, and referral to treatment to help patients prevent, reduce, or eliminate the use of or dependency on alcohol, tobacco, and other drugs as outlined in the screening, brief intervention, and referral to treatment (SBIRT) model. The North Carolina General Assembly should appropriate \$1.5 million in SFY 2011 in recurring funds to the DMHDDSAS to support this effort.
- b) DMHDDSAS, in collaboration with the ORHCC, should work collaboratively with the Governor's Institute on Alcohol and Substance Abuse, North Carolina Academy of Family Physicians, North Carolina Pediatric Society, North Carolina Psychiatric Association, North Carolina Primary Health Care Association, ICARE, and other appropriate groups to identify and address barriers that prevent the implementation and sustainability of co-location models and to identify other strategies to promote evidence-based screening, counseling, brief intervention, and referral to treatment in primary care and other outpatient settings for substance abuse and mental health.
- c) Health professionals should screen adolescents and adults age 12 or older for major depressive disorders and for substance abuse disorders using systems that ensure accurate diagnosis, effective treatment, and follow-up.
- d) The North Carolina General Assembly should mandate that insurers offer coverage for the treatment of addiction diseases with the same durational limits, deductibles, coinsurance, annual limits, and lifetime limits as provided for the coverage of physical illnesses.
- e) The North Carolina General Assembly should direct public and private insurers to review their reimbursement policies to ensure that primary care and other providers can be reimbursed to:
 - 1) Screen for tobacco, alcohol, drugs, and mental health disorders.
 - 2) Provide brief intervention and counseling and refer necessary patients for specialty services.
 - 3) Support co-location of behavioral health and primary care providers.

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- 4) Pay for case management services to coordinate services and follow-up between primary care and behavioral health specialists.
- 5) Pay for telephone or in-person consults between primary care providers and behavioral health specialists.
- f) The Division of Medical Assistance should work with the ORHCC to develop an enhanced Community Care of North Carolina (CCNC) per member per month (PMPM) for co-located practices to support referral and care coordination for mental health, developmental disabilities, and substance abuse services.

Recommendation 6.3: Expand Early Intervention Services in the Faith Community

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should partner with a variety of mental health and substance abuse organizations, faith-based institutions of higher education, and other faith leader training programs to develop and offer a training specifically designed to help leaders of all faiths recognize signs of stress, depression, and substance abuse in those they counsel and to develop linkages with outside referrals when appropriate. Faith communities at the local, regional, and state levels should encourage their faith leaders to attend these trainings.

Chapter 7: Environmental Risks

Recommendation 7.1: Create an Interagency Leadership Commission to Promote Healthy Communities, Minimize Environmental Risks, and Promote Green Initiatives

The Governor or the North Carolina General Assembly should create an Interagency Leadership Commission to develop a statewide plan to promote healthy communities, minimize environmental risks, and promote sustainability and “green” initiatives that will support and improve the public’s health and safety. The Interagency Leadership Commission should create an implementation plan that includes the roles that each agency will play in implementing the plan, the costs of the plan, and potential funding sources. The plan should emphasize local sustainability, environmental justice, protection of vulnerable populations, and precaution. Contents of the plan should include, but not be limited to, statewide efforts to promote active, walkable, livable communities; reduce environmental exposures and risks that negatively impact population health; promote clean, renewable energy, green technology, and local production of food, energy, goods, and services; and increase opportunities for mass transportation.

- a) The Interagency Leadership Commission should include senior level agency staff from the North Carolina Department of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, State Board of Education, Board of Transportation, Department of Insurance, North Carolina Community College System, and University of North Carolina System. The Commission should also include representatives from the League of Municipalities, North Carolina Association of County Commissioners, North Carolina Association of Metropolitan Planning Organizations, North Carolina Association of Local Health Directors, North Carolina Recreation and Park Association, North Carolina State Society for Human Resource Management, the North Carolina Chamber, and at-large members of the public.
- b) The Interagency Leadership Commission should oversee the environmental assessment described in Recommendation 7.2 and should lead the development of a communications campaign to educate and inform North Carolinians of the findings and implications and actions being taken as a result of the assessment.
- c) The Interagency Leadership Commission should present the plan to the Governor and the Joint Legislative Commission on Governmental Operations no later than January 1, 2011, and should report progress on implementation of the plan at least once annually thereafter.

Recommendation 7.2: Develop an Environmental Assessment for North Carolina that Links Environmental Exposures to Health Outcomes

The Department of Environmental Sciences and Engineering in the University of North Carolina (UNC) Gillings School of Global Public Health should collaborate with the North Carolina Division of Public Health, North Carolina Department of Environment and Natural Resources, North Carolina Department of Agriculture and Consumer Services, and North Carolina Agromedicine Institute (East Carolina University, North Carolina State University, and North Carolina Agricultural and Technical State University) to develop an environmental assessment for the state that links environmental exposures/risks and health outcomes and includes strategies to address the exposures/risks. This environmental assessment should be conducted to address the priorities and needs of the state as identified by the Recommendation regarding an Interagency Leadership Commission. The North Carolina General Assembly should appropriate \$3 million in non-recurring funds in SFY 2011 to the UNC Gillings School of Global Public Health to support this effort.

Recommendation 7.3: Ensure Healthy Homes

The North Carolina Division of Public Health, the North Carolina Division of Water Quality, the North Carolina Department of Environment and Natural Resources, Office of the State Fire Marshal, and North Carolina Department of Insurance should expand

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and enhance efforts to create healthy homes. These efforts should address, but not be limited to, the following: indoor air quality, mold and moisture, carbon monoxide, lead-based paint, radon, asbestos, drinking water, hazardous household products, pesticide exposure, pest management, and home safety (includes injury prevention of falls, etc).

As part of this initiative:

- a) The Building Code Council should revise the state building code to require all residences with fossil fuel burning appliances or attached garages to have carbon monoxide alarms.
- b) The North Carolina Home Inspector Licensure Board should require licensed home inspectors to have the National Environmental Health Association's Healthy Homes Specialist Credential and to inspect homes comprehensively for environmental health and safety hazards any time the home is required to be inspected.
- c) Individuals such as state and local public health and fire marshal staff and building inspectors, who regularly visit homes to provide advice regarding health and safety and to conduct building inspections and environmental inspections, should have the National Environmental Health Association's Healthy Homes Specialist Credential. Agency staff who are so certified should conduct comprehensive health and safety assessments when visiting homes and provide families with information about existing environmental or safety hazards and how identified hazards can be abated. Building inspectors and staff of state and local public health departments and the fire marshal should have their Healthy Homes Specialist Credential certification by the end of 2012.

Recommendation 7.4: Reduce Environmental Risks in Schools and Child Care Settings

The North Carolina Division of Public Health (DPH), in conjunction with the North Carolina Department of Public Instruction (DPI), the North Carolina Division of Child Development (DCD), North Carolina Department of Environment and Natural Resources (DENR), and North Carolina Cooperative Extension, should train child care center and elementary and secondary school staff to conduct inspections and identify potential environmental hazards in accordance with the US Environmental Protection Agency's (EPA) Tools for Schools Program. The North Carolina General Assembly should appropriate \$400,000 in recurring funds beginning in SFY 2011 to DPH to support this effort.

- a) DPH and the North Carolina Division of Environmental Health, in conjunction with the North Carolina Division of Child Development, should adapt the Tools for Schools assessment for child care centers and include the assessment in the child care center inspection by local environmental health specialists. The North Carolina General Assembly should appropriate \$28,000 annually for four years beginning in SFY 2011 to DPH to support this effort.

- b) DPI and DCD, in collaboration with DPH and DENR, should develop an implementation plan to phase in the Tools for Schools assessments in all schools and licensed child care centers over a four-year period. Child care centers would be required to complete the assessment as part of child care center licensure requirements.

Chapter 8: Injury

Recommendation 8.1: Review and Enforce All Traffic Safety Laws and Enhance Surveillance

- a) North Carolina law enforcement agencies should actively enforce traffic safety laws, especially those pertaining to seat belt usage, driving while impaired (DWI), speeding, and motorcycles. All North Carolina state and local law enforcement agencies with traffic responsibilities should actively enforce DWI laws throughout the year and should conduct regular checking stations. State and local law enforcement agencies should report to the North Carolina General Assembly at the beginning of each biennium their efforts to increase enforcement of DWI.
- b) The North Carolina General Assembly should change existing state laws or appropriate new funds to strengthen traffic safety laws and enforcement efforts. The North Carolina General Assembly should:
 - 1) Enact a primary belt use law for rear seat occupants.
 - 2) Require alcohol interlocks for all DWI offenders.
 - 3) Appropriate \$750,000 in recurring funds beginning in SFY 2011 to the North Carolina Division of Public Health to work with the Governor's Highway Safety Program, the University of North Carolina (UNC) Highway Safety Research Center, and other appropriate groups to expand checking stations and to develop and implement highly-publicized, ongoing strategic communication plans to broadly disseminate the existing Booze It and Lose It campaign.
 - 4) Appropriate \$1 million in recurring funds beginning in SFY 2011 to the Governor's Highway Safety Program to provide support to state and local law enforcement agencies with traffic responsibilities to enhance their enforcement of speeding and aggressive driving laws, with special emphasis on dangerous roads and intersections.
 - 5) Institute graduated licensure and training requirements for all people who operate motorcycles and amend the existing motorcycle permit provision so that permits cannot be renewed indefinitely.
 - 6) Create a legislative study commission to examine all motor vehicle fees and fines in NCGS §20 and recommend changes to strengthen motor vehicle safety laws. Priority should be given to an examination of the adequacy of the fines for violations of the seat belt laws and to examine reinstatement fees for DWI offenders. Funds from the increased DWI

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- fees should be used to support DWI programs including training, maintenance of checking station vehicles and equipment, and expanding the operation of DWI checking stations to additional locations and times.
- c) The North Carolina Division of Motor Vehicles should ensure that all motorcyclists are properly licensed and trained.
 - 1) The North Carolina Division of Motor Vehicles should work with the North Carolina Community College System to develop a system of training for new motorcyclists.
 - 2) The North Carolina Division of Motor Vehicles should match motorcycle operator licenses and vehicle registration files.
 - d) The Governor's Highway Safety Program, in conjunction with the National Highway Traffic Safety Administration, should work to ensure implementation of the Crash Outcome Data Evaluation System (CODES) in North Carolina. Access to CODES data should be provided to all participants on the North Carolina Traffic Records Coordinating Committee, including, at a minimum, the North Carolina Division of Public Health, UNC Highway Safety Research Center, UNC Injury Prevention Research Center, North Carolina Department of Justice Administrative Office of the Courts, North Carolina Department of Transportation, North Carolina Division of Motor Vehicles, North Carolina Office of Emergency Medical Services, and North Carolina State Highway Patrol.

Recommendation 8.2: Enhance Injury Surveillance, Intervention, and Evaluation

- a) The North Carolina General Assembly should amend the Public Health Act § 130A-1.1 to include injury and violence prevention as an essential public health service.
- b) The North Carolina General Assembly should appropriate \$3.9 million in recurring funds beginning in SFY 2011 to the North Carolina Division of Public Health (DPH) to identify and implement pilot programs and other community-based activities to prevent unintentional injury and violence. Priority should be given to evidence-based programs or best and promising practices that prevent motor vehicle crashes, falls, unintentional poisonings, and family violence. Funds should be allocated as follows:
 - 1) \$168,000 to DPH, to work in collaboration with North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Carolinas Poison Center; and other appropriate groups, to prevent unintentional poisonings.
 - 2) \$363,000 to DPH for falls prevention.
 - 3) \$163,000 to DPH for family violence prevention. Priority should be given to research and program implementation that integrates multiple types of family violence such as domestic violence and child maltreatment.
 - 4) \$2.5 million to DPH for other injury prevention activities.

- 5) \$668,000 to the DPH to support 9 full-time employees (8 of whom would be regional staff) to support state and local capacity for the dissemination of evidence-based injury and violence prevention programs and policies in North Carolina communities.
- c) The North Carolina General Assembly should appropriate \$175,000 in recurring funds beginning in SFY 2011 to DPH to develop an enhanced intentional and unintentional injury surveillance system with linkages. This work should be led by the State Center for Health Statistics and done in collaboration with the North Carolina Medical Society; North Carolina Hospital Association; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Governor's Highway Safety Program within the North Carolina Department of Transportation; UNC Injury Prevention Research Center; Carolinas Poison Center (state poison control center) at Carolinas Medical Center; and North Carolina Office of the Chief Medical Examiner. The collaborative should examine the need and feasibility for linkages to electronic health records and enhanced training in medical record coding using E codes (injury) and ICD-9/10 codes (disease).

Recommendation 8.3: Enhance Training of State and Local Public Health Professionals, Social Workers, and Others

The University of North Carolina (UNC) Injury Prevention Research Center should develop curricula and train state and local public health professionals, physicians, nurses, allied care workers, social workers, and others responsible for injury and violence prevention so they can achieve or exceed competency in injury control consistent with national guidelines developed by the National Training Initiative for Injury and Violence Prevention. The North Carolina General Assembly should appropriate \$200,000 in recurring funds beginning in SFY 2011 to the UNC Injury Prevention Research Center to support this effort.

Recommendation 8.4: Create a Statewide Task Force or Committee on Injury and Violence (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should create an Injury and Violence Prevention Task Force to examine data, make evidence-based policy and program recommendations, monitor implementation, and examine outcomes to prevent and reduce injury and violence. The work of the Task Force should build on the work of the North Carolina 2009-2014 State Strategic Plan for Injury and Violence Prevention and should examine data around motor vehicle crashes, falls, unintentional poisonings, occupational injuries, family violence including child maltreatment and domestic violence, other forms of unintentional injuries such as fires and drowning, and intentional injuries such as homicide and suicide. The Task Force should be charged with identifying strategies to enhance the statewide injury and violence prevention infrastructure, including expanding

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the numbers of trained personnel at the state and local levels, implementing evidence-based programs and policies, and improving the existing injury surveillance system. The Task Force should provide an annual report back to the North Carolina General Assembly.

- b) The Task Force should include legislators and representatives from the North Carolina Division of Public Health; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; North Carolina Division of Aging and Adult Services; North Carolina Department of Juvenile Justice and Delinquency Prevention; Governor's Highway Safety Program within the North Carolina Department of Transportation; North Carolina Department of Insurance; North Carolina Department of Labor; North Carolina Trauma System; North Carolina Office of Emergency Medical Services; North Carolina Department of Agriculture and Consumer Services; North Carolina Department of Public Instruction; North Carolina Cooperative Extension within North Carolina State University; North Carolina Department of Environment and Natural Resources; UNC Injury Prevention Research Center; Carolinas Poison Center; North Carolina Medical Society; North Carolina Hospital Association; and local and state law enforcement.

Chapter 9: Vaccine Preventable Disease and Foodborne Illness

Recommendation 9.1: Increase Immunization Rates (PRIORITY RECOMMENDATION)

- a) The North Carolina Division of Public Health (DPH) should aggressively seek to increase immunization rates for all vaccines recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), including the pneumococcal (PCV7), rotavirus, meningococcal (MCV4), human papillomavirus (HPV), and influenza vaccines which are not currently covered through the state's universal childhood vaccine distribution program (UCVDP).
- b) All public and private insurers should provide first dollar coverage (no co-pay or deductible) for all CDC recommended vaccines that the state does not provide through the UCVDP, and should provide adequate reimbursement to providers to cover the cost and administration of the vaccines.
- c) Health care providers should offer and actively promote the recommended vaccines, including educating parents about the importance of vaccinations.
 - 1) The influenza vaccination should be actively promoted for children ages 5-18.
 - 2) The HPV vaccination should be made available to females ages 9-26; however, vaccine delivery should be targeted toward adolescents ages 11-12, as recommended by the CDC's Advisory Committee on Immunization Practices (ACIP).
- d) Parents should ensure that their children receive age appropriate vaccinations.

- e) DPH should monitor the vaccination rate for the PCV7, MCV4, HPV and influenza vaccines not currently covered through the UCVDP to determine whether the lack of coverage through the UCVDP leads to lower immunization rates. If so, the DPH should seek recurring funds from the North Carolina General Assembly to cover these vaccines through the UCVDP, work with insurers to ensure first dollar coverage and adequate reimbursement for these recommended vaccines, or seek new financial models to cover vaccines for children not adequately covered through the UCVDP.
- f) DPH should conduct an outreach campaign to promote immunizations of the flu, the new Tdap vaccine and all the recommended childhood vaccines among all North Carolinians. Emergency rooms patients and newborn contacts should be targeted specifically for Tdap immunizations. The North Carolina General Assembly should appropriate \$1.5 million in recurring funds in SFY 2011 to support this effort.

Recommendation 9.2: Strengthen Laws to Prevent Foodborne Illnesses

The North Carolina General Assembly should enact laws to strengthen North Carolina's ability to prevent and respond to foodborne illnesses by

- a) Directing the North Carolina Department of Agriculture and Consumer Services, the North Carolina Department of Environment and Natural Resources, and the North Carolina Department of Health and Human Services to create a committee to develop a "single-agency" approach for addressing foodborne illness in North Carolina. The committee should work to
 - 1) Develop a unified proactive, scientifically-based strategy to prevent, detect, and respond to food-borne illness.
 - 2) Identify ways to maintain adequate funding for a holistic food safety and defense program at the state and local level.
 - 3) Strengthen industry ties.
 - 4) Educate policy makers.
- b) Appropriating \$1.6 million in non-recurring funds in SFY 2011 and \$300,000 in recurring funds beginning in SFY 2012 to the North Carolina Division of Public Health to develop and maintain an enhanced surveillance system that facilitates sharing of data from the North Carolina Department of Environment and Natural Resources and North Carolina Department of Agriculture and Consumer Services complaint lines, public health surveillance systems, US Department of Agriculture, Centers for Disease Control and Prevention, and Food and Drug Administration (FDA) when needed to detect or prevent the spread of foodborne illnesses.
- c) Requiring all industries to develop Hazard Analysis Critical Control Point (HACCP) plans or use government risk-based inspections. HACCP plans should be made available to government agencies with jurisdiction.

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- d) Ensuring that the Governor can use the state's rainy day funds to pay for the additional personnel or other costs needed to address public health emergencies. Funds should be made available, when needed, to help pay for the additional costs involved in large outbreak investigations, food protection efforts, or other natural or man-made public health emergencies that require a coordinated and unified national, statewide, or regional response.
- e) The North Carolina Department of Agriculture and Consumer Services and Department of Environment and Natural Resources should adopt, through regulations, the current FDA Food Code and maintain it in such a manner as to continually address updates to the Code.

Chapter 10: Racial and Ethnic Disparities

Recommendation 10.1: Fund Evidence-Based Programs to Meet the Needs of Diverse Populations

- a) Public and private funders supporting prevention initiatives in North Carolina should place priority on funding evidence-based programs and practices. Intervention selection should take into account the racial, ethnic, cultural, geographic, and economic diversity of the population being served. When evidence-based programs are not available for a specific population, public and private funders should give funding priority to best and promising practices/programs and to those that are theory-based and incorporate elements identified in the research literature as critical elements of effective programs.
- b) The North Carolina Division of Public Health (DPH) should examine racial and ethnic disparities in all of its health promotion and disease prevention activities. To increase the effectiveness of prevention initiatives targeting racial and ethnic disparities, DPH should involve community members, including faith-based health ministries, beauty salons/barber shops, civic and senior citizen groups, and other community leaders or lay health advisors.
- c) North Carolina Foundations should provide funding to support and expand evidence-based initiatives targeting racial and ethnic disparities, and expand funding for community-based participatory research.

Chapter 11: Socioeconomic Determinants of Health

Recommendation 11.1: Promote Economic Security (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should increase the state Earned Income Tax Credit (EITC) to 6.5% of the federal EITC.
- b) The North Carolina Division of Social Services and local Departments of Social Services should conduct outreach to encourage uptake of the Supplemental Nutrition Assistance Program (SNAP) by low-income individuals and families.

Recommendation 11.2: Increase the Availability of Affordable Housing and Utilities

To help economically disadvantaged North Carolinians better afford housing and utilities, the North Carolina General Assembly should:

- a) Appropriate \$10 million in additional recurring funding beginning in SFY 2011 to the North Carolina Housing Finance Agency to increase funding to the North Carolina Housing Trust Fund.
- b) Enact legislation to help all North Carolinians and especially low-income North Carolinians lower their energy expenses.

Recommendation 11.3: Expand Opportunities for High Quality Early Childhood Education and Health Programs

North Carolina Smart Start should further disseminate the Incredible Years program, the Assuring Better Child Health and Development program, and high-quality education programs to promote healthy social and emotional development among children in need in all North Carolina counties. The North Carolina General Assembly should appropriate \$1.2 million in recurring funds to the North Carolina Partnership for Children, Inc. to support this effort.

Recommendation 11.4: Increase the High School Graduation Rate (PRIORITY RECOMMENDATION)

- a) The North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction (DPI) should expand efforts to support and further the academic achievement of middle and high school students with the goal of increasing the high school graduation rate. The SBE should implement evidence-based or best and promising policies, practices, and programs that will strengthen interagency collaboration (community partnerships), improve

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student attendance rates/decrease truancy, foster a student-supportive school culture and climate that promotes school connectedness, explore and implement customized learning options for students, and more fully engage students in learning. Potential evidence-based or promising policies, practices, and programs might include, but are not limited to:

- 1) Learn and Earn partnerships between community colleges and high schools.
 - 2) District and school improvement interventions to help low-wealth or underachieving districts meet state proficiency standards.
 - 3) Alternative learning programs, for students who have been suspended from school, that will support continuous student learning, behavior modifications, appropriate youth development, and increased school success.
 - 4) Expansion of the NC Positive Behavior Support Initiative to include all schools in order to reduce short- and long-term suspensions and expulsions.
 - 5) Establishment of a committee to study the potential impact of raising the compulsory school attendance age from 16-17 and 17-18 in successive years.
- b) The SBE should work with appropriate staff members in DPI, including curriculum and finance representatives, and staff from the North Carolina General Assembly Fiscal Research Division, to examine the experiences of other states and develop cost estimates for the implementation of the initiatives to increase the high school graduation rate. These cost estimates should be reported to the research division of the North Carolina General Assembly and the Education Oversight Committee by April 1, 2010 so that they can appropriate recurring funds.

Chapter 12: Cross-Cutting Strategies in Schools, Worksites, and Clinical Settings

Recommendation 12.1: Enhance North Carolina Healthy Schools (PRIORITY RECOMMENDATION)

- a) The North Carolina School Health Forum should be reconvened and expanded to ensure implementation and expansion of the North Carolina Healthy Schools Initiative. The North Carolina School Health Forum should be expanded to include the Department of Juvenile Justice and Delinquency Prevention, Department of Environment and Natural Resources, and other partners as needed to implement the eight components of the Coordinated School Health program.
- b) The North Carolina School Health Forum should develop model policies in each of the eight components of a Coordinated School Health System. This would include reviewing and modifying existing policies as well as identifying additional

school-level policies that could be adopted by schools to make them healthier environments for students. When available, evidence-based policies should be adopted. The North Carolina School Health Forum and the North Carolina Healthy Schools Initiative should develop a system to recognize schools that adopt model policies in each of the eight components.

- c) The North Carolina Department of Public Instruction (DPI) should expand the North Carolina Healthy Schools Initiative to include a local healthy schools coordinator in each Local Education Agency (LEA). The North Carolina General Assembly should appropriate \$1.5 million in recurring funds beginning in SFY 2011 increased by an additional \$1.5 in recurring funds in each of the following five years (SFY 2012-2017) for a total of \$12 million recurring funds to support these positions.
 - 1) The North Carolina School Health Forum should identify criteria to prioritize funding to LEAs during the first five years. The criteria should include measures to identify LEAs with the greatest adolescent health and educational needs.
 - 2) In order to qualify for state funding, the LEA must show that new funds will supplement existing funds through the addition of a local Healthy Schools Coordinator and will not supplant existing funds or positions. To maintain funding, the LEA must show progress towards implementing evidence-based programs, practices, and policies in the eight components of the Coordinated School Health system.
 - 3) Local healthy schools coordinators will work with the School Health Advisory Council, schools, local health departments, primary care and mental health providers, and community groups in their LEAs to increase the use of evidence-based practices, programs, and policies to provide a coordinated school health system and will work towards eliminating health disparities.
- d) The North Carolina Healthy Schools Section of DPI should provide monitoring, evaluation, and technical assistance to the LEAs through the local healthy schools coordinators. The North Carolina General Assembly should appropriate \$225,000 in recurring funds in SFY 2011 to DPI to support the addition of three full-time employees to do this work. Staff would be responsible for:
 - 1) Implementing the monitoring system (including gathering data, measuring compliance, and reporting to the North Carolina State Board of Education (SBE)) for the Healthy Active Children Policy).
 - 2) Implementing the monitoring system (including gathering data, measuring compliance, and reporting to the SBE) for the School Health Profiles survey.
 - 3) Providing technical assistance and professional development to LEAs for coordinated school health system activities and implementing evidence-based programs and policies with fidelity.
 - 4) Implementing, analyzing, and disseminating the Profiles survey, including reporting on school-level impact measures (SLIMs).

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- 5) Working with the PTA and other partners as appropriate to develop additional resources and education materials for parents of middle and high school students for the Parent Resources section of the North Carolina Healthy Schools website. Materials should include information for parents on how to discuss material covered in the Healthful Living Standard Course of Study with their children as well as evidence-based family intervention strategies when available. Information on how to access the materials should be included in the Student Handbook.

Recommendation 12.2: Require the Use of Evidence-based Curricula for Healthful Living Standard Course of Study

The North Carolina General Assembly should require schools to use evidence-based curricula when available to teach the objectives of the Healthful Living Standard Course of Study.

- a) The North Carolina General Assembly should appropriate \$1.2 million in recurring funds in SFY 2011 to the North Carolina Department of Public Instruction (DPI) to provide grants to Local Education Agencies (LEAs) to implement evidence-based curricula. To implement this provision, the DPI Healthy Schools Section should identify three to five evidence-based curricula that demonstrate positive change in behavior across multiple health risk behaviors (i.e. substance use, violence, sexual activity) and provide grants (of up to \$10,000 per LEA) for implementation and technical assistance to ensure curricula are implemented with fidelity.
- b) The North Carolina State Board of Education (SBE) and DPI should work together to ensure that middle and high schools are effectively teaching the Healthful Living Standard Course of Study objectives.
 - 1) The DPI Healthy Schools Section should coordinate trainings^a for local school health professionals on the Centers for Disease Control and Prevention's Health Education Curriculum Assessment Tool (HECAT) and the Physical Education Curriculum Assessment Tool (PECAT) so that they are able to assess and evaluate health and physical education programs and curricula.
 - 2) The SBE should require every LEA to complete the HECAT and PECAT for middle and high schools every three years beginning in 2013 and submit them to the DPI Healthy Schools Section. The Superintendent should ensure the involvement of the local healthful schools coordinator and the School Health Advisory Council.
 - 3) Tools to assess the implementation of health education should be developed as part of DPI's Accountability and Curriculum Reform Effort (ACRE).

a The CDC provides trainings on using these tools free of charge. Would need funding to cover substitutes, food and facilities for trainings- would be a one-time cost.

- c) The SBE should encourage DPI to develop healthful living electives beyond the required courses, including academically rigorous honors-level courses. Courses should provide more in-depth coverage of Healthful Living Course of Study Objectives. DPI and health partners should identify potential courses and help schools identify evidence-based curricula to teach Healthful Living electives.

Recommendation 12.3: Create the North Carolina Worksite Wellness Collaborative and Tax Incentives for Small Businesses

- a) The North Carolina Worksite Wellness Collaborative should include, but not be limited to, representatives of state and local government, organizations with expertise in worksite wellness, insurers, small and large employers, Chambers of Commerce, and other natural groupings of employers. Initially, the Collaborative should focus on providing assistance to state and local governments, small businesses with 50 or fewer employees, and nonprofit organizations.
- b) The Collaborative should lead efforts to implement the following four components of a statewide worksite wellness effort using evidence-based strategies (and best and promising practices when necessary):
 - 1) Assessment of organizational-level worksite indicators such as policies, benefits, and workplace environments that influence employee health, and development of an organizational-level worksite action plan for workplaces to make improvements.
 - 2) Individual employee assessments via Health Risk Appraisals (HRAs) tied to personal feedback and an actionable and specific plan for employees.
 - 3) Technical assistance to worksites to help them implement evidenced-based strategies to address needs identified in both organizational and individual employee-level assessments and to assist worksites in meeting criteria for comprehensive employee wellness programs.
 - 4) A data collection system that includes both organizational and individual employee indicators, tracks progress, and evaluates outcomes at the organizational and employee level.
- c) The North Carolina General Assembly should appropriate annual funding for five years as shown below to support this effort as the Collaborative develops a sustainable business plan that will eliminate the need for funding after five years.
 - 1) \$800,000 in SFY 2011
 - 2) \$700,000 in SFY 2012
 - 3) \$500,000 in SFY 2013
 - 4) \$500,000 in SFY 2014
 - 5) \$250,000 in SFY 2015

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- d) The North Carolina General Assembly should provide a tax credit to small businesses with employees of 50 or fewer that offer and promote comprehensive wellness programs for their employees. Eligible businesses should be provided a tax credit of up to \$200 per employee for establishing or maintaining a wellness program that is certified under a process established by the Collaborative.
- e) The Collaborative should develop a process and set of criteria to certify businesses as eligible to receive state or federal tax credits.

Recommendation 12.4: Expand Health Insurance Coverage to More North Carolinians (PRIORITY RECOMMENDATION)

- a) The Task Force believes that everyone should have health insurance coverage. In the absence of such, the North Carolina General Assembly should begin expanding coverage to groups that have the largest risk of being uninsured. Such efforts could include, but not be limited to:
 - 1) Provide funding to the North Carolina Division of Medical Assistance to do the following:
 - i) Expand outreach efforts and simplify the eligibility determination and recertification process to identify and enroll people who are already eligible for Medicaid or NC Health Choice.
 - ii) Expand coverage to children with incomes up to 300% of the federal poverty guidelines (FPG) on a sliding scale basis.
 - iii) Develop a limited benefits package to provide coverage to adults with incomes up to 100% FPG, with a phase in of coverage of adults up to 200% FPG.
 - 2) Change state laws to require insurance companies to offer parents the option to continue dependent coverage until the child reaches age 26, regardless of student status.
 - 3) Develop a subsidized health insurance product targeted to small businesses that employ a low-wage work force.
- b) The North Carolina Division of Public Health (DPH) should collaborate with NC Prevention Partners to include the coverage of all the US Preventive Services Task Force's (USPSTF) recommended screening and treatment, including but not limited to screenings, counseling, and treatment for STD/HIV, obesity, alcohol and substance use, and depression in the existing annual Preventive Benefits Profile survey of public and private health insurers in the state. If coverage is found to be inadequate or lacking, then public and private health insurers should expand coverage to include all the USPSTF recommended screenings, counseling, and treatment. The North Carolina General Assembly should appropriate \$75,000 in recurring funds to DPH to support these efforts.

Recommendation 12.5: Improve Provider Training To Promote Evidence-based Practices

- a) The Area Health Education Centers (AHEC) Program should offer training courses to enhance the training of health professionals, including physicians, nurses, allied health, and other health care practitioners; increase the use of evidence-based prevention, screening, early intervention, and treatment services to reduce certain high-risk behaviors; and address other factors that contribute to the state's leading causes of death and disability. Training courses should be expanded into academic and clinical settings, residency programs, and other continuing education programs. AHEC should:
 - 1) Partner with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Governor's Institute on Alcohol and Drug Abuse, and other appropriate organizations and professional associations to offer trainings to do the following:
 - i. Educate and encourage health care professionals to use evidence-based screening tools and to offer screening, brief intervention, and referral to treatment (i.e. SBIRT) to help patients prevent, reduce, or eliminate the use of or dependency on alcohol, tobacco, or other drugs.
 - ii. Educate health care providers to ensure accurate diagnosis, effective treatment, and follow up for major depressive disorder in youth ages 12-18 and adults.
 - 2) Partner with the North Carolina Division of Public Health (DPH) and other appropriate organizations and health professional associations to offer training on screening, assessing, and counseling to all sexually active youth and adults, especially high-risk individuals, and to promote STD, HIV, and unintended pregnancy risk reduction, including the use of appropriate and effective contraception.
 - 3) Partner with the UNC Center for Injury Prevention Research Center (IPRC), DPH, and other appropriate organizations and health professional associations to offer trainings in evidence-based strategies to prevent motor vehicle crash injuries, unintentional poisoning (including the appropriate use of pain medications), falls, family violence, and other injuries to state and local public health professionals, physicians, nurses, allied care workers, social workers, and others responsible for injury and violence prevention as well as proper use of e-codes to document injuries and ICD 9/10 codes to document disease.
 - 4) Partner with other appropriate organizations and health professional organizations to offer training to primary care providers and other providers about the screenings, counseling, and treatment recommended by the US Preventive Services Task Force.

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- 5) Help providers better understand how social issues such as housing, poverty, and education impact health so that this knowledge can be integrated into medical practice.
- b) The North Carolina General Assembly should appropriate \$250,000 in recurring funds beginning in SFY 2011 to AHEC to support these efforts.

Chapter 13: Data

Recommendation 13.1: Enhance Existing Data Systems

- a) North Carolina agencies should enhance specific existing data collection systems to ensure that the state has adequate data for health and risk assessment including:
 - 1) The North Carolina State Board of Education (SBE) should support and promote the participation of Local Education Agencies (LEAs) in the Youth Risk Behavior Survey (YRBS) and the School Health Profiles Survey (Profiles). As part of this effort, the SBE should:
 - i) Identify strategies to improve participation in the YRBS and the Profiles survey. Options should include, but not be limited to, training for superintendents and local school boards, changing the time of year the survey is administered, financial incentives, giving priority for grant funds to schools that participate, a legislative mandate, and convening a clearinghouse to reduce duplicative surveys of youth risk behaviors and other school health surveys.
 - ii) Expect any LEA selected by the Centers for Disease Control and Prevention to participate in the YRBS and/or the Profiles survey to implement both surveys in their entirety unless a waiver to not participate is requested by the LEA and granted by the SBE.
 - iii) Develop policies addressing the ability of schools, parents, and students to opt out of the YRBS and Profiles surveys, over-sampling for district-level data, and any additional data that needs to be added to the surveys.
 - iv) The North Carolina Department of Health and Human Services and the North Carolina Department of Public Instruction should periodically collect environmental risk data using the Behavioral Risk Factor Surveillance System and Profiles survey, respectively.
 - b) The North Carolina General Assembly should appropriate \$165,000 in recurring funds beginning in SFY 2011 to the North Carolina Cancer Registry to improve data collection and compliance with required reporting.

Recommendation 13.2: Identify and Disseminate Effective Nutrition, Physical Activity, Obesity, and Chronic Disease Prevention Practices in North Carolina

The UNC Center for Health Promotion and Disease Prevention should work with North Carolina foundations to identify effective practice-level nutrition, physical activity, obesity, and chronic disease prevention interventions within the state.

- a) North Carolina foundations should provide \$50,000 annually beginning in SFY 2011 to the UNC Center for Health Promotion and Disease Prevention to use an existing systematic process to review five foundation-funded prevention interventions within North Carolina that have not been formally evaluated and disseminate these interventions through a web-based interface designed for, and accessible to, all public health practitioners and community partners.
- b) The website should be used:
 - 1) To provide toolkits for users to replicate interventions at the community practice level.
 - 2) As a resource for potential grantees.
 - 3) As a mechanism for sharing the results of funded and reviewed projects with other grantees.