

Compared to other states, the health of North Carolinians is poor. The state's national ranking in terms of overall health is 36th and 38th for premature death.^{a,1} Compounding this is the exponentially increasing burden of chronic diseases and other preventable conditions in the state. Further, North Carolina fares poorly on many other health comparisons, including health outcomes, health behaviors, access to care, and socioeconomic measures. The most practical approach to decreasing disease and disability in North Carolina is through prevention. Yet, health care spending in North Carolina, as elsewhere in the country, is drastically skewed toward paying for therapeutic procedures to manage or treat acute or chronic health problems and not towards the prevention of these conditions.

Prevention as a basic strategy can save lives, reduce disability, improve quality of life, and potentially decrease costs. Research has shown that several modifiable factors impact health, including personal behaviors, interpersonal relations, clinical care, community and the environment, and public health policies.² Furthermore, there are evidence-based, prevention-focused strategies that can address these modifiable factors. Working to address these factors will improve the health and well-being of North Carolinians in both the short- and long-term.

Together, the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the Kate B. Reynolds Charitable Trust, and the North Carolina Health and Wellness Trust Fund asked the North Carolina Institute of Medicine (NCIOM) to assemble a task force to develop a comprehensive, evidence-based, statewide prevention plan to improve population health and reduce health care costs. In collaboration with the North Carolina Division of Public Health, the NCIOM convened the Prevention Task Force in April 2008. The Task Force met a total of 14 times between April 2008 and August 2009. The Task Force examined the preventable, underlying causes of the ten leading causes of death and disability in the state as well as health disparities and socioeconomic factors. Recommending the use of evidence-based strategies and interventions when possible, the Task Force developed a comprehensive prevention plan for North Carolina, including strategies to address the modifiable factors (i.e. personal behaviors, interpersonal relations, clinical care, the community and environment, and public and health policies) that affect health outcomes. This final report will serve as a roadmap to improved population health if implemented.

Below is an abridged list of the Task Force recommendations, along with the agency or organization charged with addressing the recommendation. A complete list of the full Task Force recommendations can be found in Appendix A. Eleven of the 45 recommendations were considered by the Task Force to be priority recommendations. However, all the recommendations are important.

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^a All rankings reported in Chapter 1 are based upon the best state ranked as 1st. A higher ranking indicates poor performance for a particular measure compared to the best state. It is noted when a ranking includes Washington, DC.

	NCGA	DPH	Education (DPI, LEA, SBE)	Health Professionals	Insurers	Employers	Others
Tobacco Use Recommendations							
3.1: Fund and Implement a Comprehensive Tobacco Control Program The North Carolina General Assembly should provide additional funding to the North Carolina Division of Public Health (DPH) to prevent and reduce tobacco use in North Carolina. DPH should work collaboratively with the North Carolina Health and Wellness Trust Fund and other stakeholders to ensure funds are used in accordance with best practices as recommended by the Centers for Disease Control and Prevention.	✓	✓					✓ HWTF
PRIORITY 3.2: Increase North Carolina Tobacco Taxes The North Carolina General Assembly should increase the tax on cigarettes and other tobacco products to match the national average, and use funds from the revenues to support prevention efforts.	✓						
3.3: Expand Smoke-free Policies in North Carolina The North Carolina General Assembly should amend existing laws to require all worksites and public places to be smoke-free. In the absence of a comprehensive smoke-free law, local Boards of County Commissioners should adopt and enforce laws to restrict or prohibit smoking in public places.	✓						✓ Board of County Comm.
3.4: Expand Access to Cessation Services, Counseling, and Medications for Smokers Who Want to Quit Insurers, payers, and employers should cover evidence-based tobacco cessation services, including counseling and appropriate medications. Providers should provide comprehensive evidence-based tobacco cessation counseling services and appropriate medications.				✓	✓	✓	
Obesity, Nutrition, and Physical Activity Recommendations							
4.1: Implement Child Nutrition Standards in All Elementary Schools and Test Strategies to Deliver Healthy Meals in Middle and High Schools The North Carolina General Assembly should appropriate \$20 million in recurring funds to the North Carolina Department of Public Instruction to fully implement the nutrition standards in elementary schools. Additionally, North Carolina funders should provide funding to test innovative strategies to deliver	✓ \$20M (SFY 2011) (R)		DPI, schools				✓ Funders

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healthy meals in middle and high schools while protecting revenues for the child nutrition program.							
4.2: Ensure that 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 other school operations, and should enact a law prohibiting the advertising or marketing of unhealthy foods or beverages in North Carolina schools.	✓		✓ SBE				
PRIORITY 4.3: Implement Quality Physical Education and Healthful Living in Schools The North Carolina General Assembly should require the State Board of Education to implement a five-year phase-in of increased physical education including 150 minutes per week of physical education in elementary schools, 225 minutes of Healthful Living curriculum (including both physical education and health education) in middle schools, and 2 units of Healthful Living curricula in high schools.	✓		✓ SBE				
4.4: Expand Physical Activity and Nutrition in Child Care Centers and After-school Programs The North Carolina Division of Public Health 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. Further, the North Carolina Child Care Commission should assess the process needed to include healthy eating and physical activity in the quality indicators in North Carolina's Star Rated License system. After-school programs should incorporate recommended standards for after-school physical activity into their programming.	✓ \$395K (SFY 2011) (R)	✓	✓ DPI				✓ NCPC, NCCCC After school programs
PRIORITY 4.5: Implement the <i>Eat Smart, Move More North Carolina Obesity Plan</i> and Raise Public Awareness The North Carolina General Assembly should appropriate \$6.5 million in recurring funds to the Division of Public Health to implement evidence-based strategies or best and promising practices in local communities to improve nutrition and increase physical activity. Additionally, the North Carolina General Assembly should appropriate \$3.5 million over five	✓ \$6.5M (SFY 2011) (R) \$500K (ann. for 6 years) \$3.5M (ann. for 6 years)	✓	✓ DPI				✓ HWTf

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years to support more comprehensive demonstration projects aimed at promoting multi-faceted interventions in preschools, local communities, faith communities, and health care settings, and \$500,000 to fund pilot programs to reduce overweight and obesity among adolescents. The General Assembly should appropriate additional funds to support a social marketing campaign.	\$16M (by SFY 2020) (R)						
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.						✓	✓ Faith- based orgs.
4.7: Promote Menu Labeling to Make Nutrition Information Available to Consumers The North Carolina Division of Public Health (DPH) and North Carolina Prevention Partners should work with the North Carolina Restaurant and Lodging Association to promote menu labeling. If voluntary menu labeling is not implemented by a substantial proportion of the restaurants within three years, the North Carolina General Assembly should mandate labeling laws.		✓					✓ NC Prev. Partners, NC Rest. & Lodging Assoc.
4.8: Build Active Living Communities The North Carolina General Assembly should authorize counties and municipalities to have the local option to raise revenues for community transportation, parks, and sidewalks and should appropriate \$1.5 million in recurring funds to the North Carolina Division of Parks and Recreation to expand trail and greenway planning, construction and maintenance projects.	✓ \$1.5M (NR)						✓ DPR
4.9: Establish Joint-use Agreements to Establish use of School and Community Recreational Facilities Local governmental agencies, including schools, parks and recreation, health departments, county commissioners and municipalities, and other relevant organizations should work together to develop joint-use agreements which would expand the use of school facilities for after-hours community physical activity and which would make community facilities available to schools.			NC School Boards Assoc.				✓ Other state and local orgs.

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4.10: Expand Community Grants Program to Promote Physical Activity The North Carolina General Assembly should appropriate \$3.3 million annually for five years to the North Carolina Division of Public Health (DPH) to expand the community grants program to support community efforts to expand the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.	✓ \$3.3M (SFY 2011) (ann. for 5 years)	✓					
4.11: Increase the Availability of Obesity Screenings and Counseling Primary care providers should screen adult patients for obesity using a Body Mass Index (BMI) and provide high intensity counseling either directly, or through referrals, on nutrition, physical activity, and other strategies to achieve and maintain a healthy weight. Insurers, payers, and employers should cover screenings and counseling on nutrition and/or physical activity for adults who are identified as obese.				✓ PCP	✓	✓	
4.12: Expand the Community Care of North Carolina (CCNC) Childhood Obesity Prevention Initiative If the Community Care of North Carolina Childhood Obesity Prevention Initiative pilots are shown to be successful, the initiative should be expanded throughout the state. The North Carolina General Assembly should appropriate \$174,000 in non-recurring funds to the North Carolina Office of Rural Health and Community Care to support this effort.	✓ \$174K (NR)						✓ CCNC, ORHCC
STDs, HIV, and Unintended Pregnancy Recommendations							
5.1: Increase Awareness, Screening and Treatment of Sexually Transmitted Diseases and Reduce Unintended Pregnancies The North Carolina General Assembly should appropriate \$6.2 million in recurring funds to the North Carolina Division of Public Health (DPH) to support social marketing campaigns around sexually transmitted diseases (STD) and HIV prevention and to reduce unintended pregnancies. Funds should also be used to offer nontraditional testing sites to increase screening for HIV and STDs among high-risk populations and should be used to support teen pregnancy prevention programs. DPH should also work with health care professionals and other nontraditional providers to increase screenings and treatment.	✓ \$6.2M (SFY 2011) (R)	✓		✓ NCBM, NCMD, NCMS			

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5.2: Increase HIV Testing in Prisons, Jails, and Juvenile Centers The North Carolina Department of Correction, North Carolina Department of Juvenile Justice and Delinquency Prevention, and North Carolina county jails should include opt-out HIV testing of prisoners and other detainees prior to release back to the public. These agencies should collaborate with the North Carolina Division of Public Health to coordinate outpatient care for individuals who are identified as HIV-positive. The North Carolina General Assembly should appropriate \$1,007,000 in recurring funds for this effort.	✓ \$1M (SFY 2011) (R) \$6.7K (SFY 2011) (R)	✓					✓ DOC, DJJDP
PRIORITY 5.3: Ensure Students Receive Comprehensive Sexuality Education in North Carolina Public Schools 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.			✓ SBE, LEAs				✓ DOC, DJJDP
5.4: Expand the Availability of Family Planning for Low-Income Families The North Carolina Division of Medical Assistance and Division of Public Health (DPH) should enhance access to family planning services for low-income families, including implementation of best practices for the Medicaid family planning waiver. The North Carolina General Assembly should appropriate \$931,000 in recurring funds to DPH to purchase long-acting contraceptives for low-income women who do not qualify for the Medicaid family planning waiver.	✓ \$931K (SFY 2011) (R)	✓					✓ DMA
Substance Abuse and Mental Health Recommendations							
PRIORITY 6.1: Develop and Implement a Comprehensive Substance Abuse Prevention Plan The North Carolina 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 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 plan should be pilot tested in six	✓ \$1.95M (SFY 2011) (R) \$3.7M (SFY 2012) (R)	✓					✓ DMHDDSAS

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counties or multi-county areas, and if effective, should be implemented statewide. The North Carolina General Assembly should appropriate \$1.95 million in recurring funds and \$3.7 million in recurring funds to DMHDDSAS to support this initiative. In addition, the North Carolina General Assembly should raise the alcohol tax on beer and wine and should use some of these funds for prevention, early intervention, and treatment to support recovery among adolescents and adults.							
6.2: Expand the Availability of Screening, Brief Intervention and Treatment for People with Behavioral Health Problems in the Primary Care Setting The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should work with the 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 (SBIRT) to help patients prevent, reduce, or eliminate the use of or dependency on alcohol, tobacco, and other drugs. The North Carolina General Assembly should appropriate \$1.5 million in recurring funds to DMHDDSAS to support this effort and should mandate that insurers offer the same coverage for the treatment of addiction disorders as for the treatment of other physical illnesses. The North Carolina Division of Medical Assistance should work with the Office of Rural Health and Community Care to develop an enhanced payment to support co-location of primary care, mental health, developmental disabilities, and substance abuse services.	✓ \$1.5 M (SFY 2011) (R)			✓	✓		✓ DMHDDSAS, ORHCC, AHEC, Governor's Institute, on Alcohol and Other Drugs, DMA
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 faith-based organizations to develop and offer 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.							✓ DMHDDSAS, Faith comm., MH and SA orgs.

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Environmental Risks Recommendations							
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, including senior level agency staff from different state and local agencies, 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 plan should include 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.	✓						✓ Governor
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 at Chapel Hill (UNC) Gillings School of Global Public Health should work with appropriate state agencies and other university partners to develop an environmental assessment for the state that links environmental exposures/risks and health outcomes and includes strategies to address the exposures/risks. The North Carolina General Assembly should appropriate \$3 million in non-recurring funds to the UNC Gillings School of Global Public Health to support this effort.	✓ \$3 M (SFY 2011) (NR)						✓ UNC Dept. of Envr. Sci. and Eng.
7.3: Ensure Healthy Homes The North Carolina Division of Public Health, North Carolina Division of Water Quality, North Carolina Department of Environment and Natural Resources, Office of the State Fire Marshal, and North Carolina Department of Insurance should expand 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 (e.g. injury prevention of falls).		✓					✓ NCDWQ, DENR, DOI, Office of State Fire Marshal

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7.4: Reduce Environmental Risks in Schools and Child Care Settings The North Carolina Department of Public Instruction and the North Carolina Division of Child Development, in collaboration with other appropriate state agencies, 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. In addition, the North Carolina Division of Public Health (DPH) should work with other state agencies to train child care, elementary, and secondary school staff to identify potential environmental hazards. The North Carolina General Assembly should appropriate \$4278,000 DPH to support training activities.	✓ \$400K (SFY 2011) (R) \$26K (SFY 2011 ann. for 4 years)	✓	✓ DPI				✓ DENR, NC Coop. Ext., NC Div. Child Develop.
Injury Recommendations							
8.1: Review and Enforce All Traffic Safety Laws and Enhance Surveillance 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. The North Carolina General Assembly should strengthen traffic safety laws and enforcement including rear seat occupant seat belt laws, the licensure and training for motorcyclists, and enforcement of speeding and aggressive driving laws, as well as require alcohol interlocks for DWI offenders, and expand Booze It and Lose It checking stations. The North Carolina General Assembly should appropriate \$1 million in recurring funds to the Governor's Highway Safety Program to support these efforts.	✓ \$1.75M (R)	✓					✓ NC Law Enforce. Agencies, NC DMV, Governor's Highway Safety Program
8.2: Enhance Injury Surveillance, Intervention, and Evaluation The North Carolina Division of Public Health (DPH) should 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. In addition, DPH should work with other public and private agencies to enhance the current intentional and unintentional surveillance systems. The North Carolina General Assembly should appropriate \$4 million in recurring funds to DPH to support these efforts.	✓ \$4M (SFY 2011) (R)	✓					

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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. The North Carolina General Assembly should appropriate \$200,000 in recurring funds to the UNC Injury Prevention Research Center to support this effort.	✓ \$200K (SFY 2011) (R)						✓ UNC Injury Prev. Res. Center
PRIORITY 8.4: Create a Statewide Task Force or Committee on Injury and Violence 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.	✓						
Vaccine Preventable Disease and Foodborne Illness Recommendations							
PRIORITY 9.1: Increase Immunization Rates The North Carolina General Assembly should appropriate \$1.5 million in recurring funds to the North Carolina Division of Public Health (DPH) to conduct an aggressive outreach campaign to increase the childhood immunization rates for all the vaccines recommended by the Centers for Disease Control and Prevention. DPH should monitor the immunization rates, especially for those vaccines not currently covered through the state's Universal Childhood Vaccine Distribution Program, and determine if additional strategies are needed to increase childhood and adolescent vaccination rates.	✓ \$36.5M (R) \$1.5M (SFY 2011) (R)	✓			✓		

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9.2: Strengthen Laws to Prevent Foodborne Illnesses The North Carolina General Assembly should direct different state agencies that are involved in protecting food at different points of the food supply chain to develop a unified proactive, scientifically-based strategy to prevent, detect, and respond to foodborne illness. The North Carolina General Assembly should appropriate \$1.6 million in non-recurring funds and \$300,000 in recurring funds to the North Carolina Division of Public Health to develop and maintain an enhanced surveillance system that facilitates sharing of data from different state and federal agencies when needed to detect or prevent the spread of foodborne illnesses, and should ensure that the Governor can use rainy day funds to pay for additional personnel needed in large outbreak investigations, food protection efforts, or other natural or man-made public health emergencies.	✓ \$1.6M (SFY 2011) (NR) \$300K (SFY 2012) (R)						DENR, DHHS, Dept. Agricult. and Consumer Serv. Dept.
Racial and Ethnic Disparity Recommendations							
10.1: Fund Evidence-Based Programs to Meet the Needs of Diverse Populations Public and private funders supporting prevention initiatives in North Carolina should place priority on funding evidence-based programs and practices. Interventions should take into account the racial, ethnic, cultural, geographic, and economic diversity of the population being served. The North Carolina Division of Public Health should involve community leaders in prevention activities, especially those targeting racial and ethnic minorities.		✓					✓ Funders, NC Foundations
Socioeconomic Determinants of Health Recommendations							
PRIORITY 11.1: Promote Economic Security The North Carolina General Assembly should increase the state Earned Income Tax Credit. In addition, the North Carolina Division of Social Services should conduct outreach to encourage low-income individuals and families to apply for the Supplemental Nutrition Assistance Program.	✓						✓ DSS
11.2: Increase the Availability of Affordable Housing and Utilities The North Carolina General Assembly should appropriate \$10 million in recurring funds to the North Carolina Housing Finance Agency to increase funding to the North Carolina Housing Trust Fund and should enact legislation to help low-income North Carolinians lower their utility bills.	✓ \$10M (R)						✓

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11.3: Expand Opportunities for High Quality Early Childhood Education and Health Programs North Carolina Smart Start should further disseminate high quality health and 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.	✓ \$1.2M (R)						✓ NC Smart Start
PRIORITY 11.4: Increase the Graduation Rate The North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction 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 strategies to improve student attendance rates and decrease truancy, foster a student-supportive school climate that promotes school connectedness, explore and implement customized learning options for students, and more fully engage students in learning. The SBE should examine the experiences of other states, develop cost estimates to implement evidence-based initiatives to increase high school graduation, and report their findings to the Joint Legislative Education Oversight Committee by April, 2010.			✓ SBE, DPI				
Cross-Cutting Strategies in Schools, Worksites, and Clinical Settings Recommendations							
PRIORITY 12.1: Enhance North Carolina Healthy Schools The North Carolina Department of Public Instruction (DPI) should expand the NC Healthy Schools Initiative to include a local healthy schools coordinator in each Local Education Agency (LEA). Healthy school coordinators would help schools implement evidence-based programs, practices, and policies to support Coordinated School Health programs. The North Carolina General Assembly should appropriate \$1.5 million in recurring funds increased by an additional \$1.5 in recurring funds in each of the following five years for a total of \$12 million recurring to support these positions. The NC 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	✓ \$12M (\$1.5M from SFY 2011- SFY 2017) (R) \$225K (SFY 2011) (R)		✓ DPI				✓

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should appropriate \$225,000 in recurring funds to DPI to support the addition of 3 full-time employees to do this work.							
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. The North Carolina General Assembly should appropriate \$1.2 million in recurring funds 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 3-5 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. DPI should provide training to school staff to help them assess and evaluate health and physical education programs and curricula. In addition, DPI should develop additional academically rigorous health education and physical education honors courses at the high school level.	✓ \$1.2 M (SFY 2011) (R)		✓	✓			
12.3: Create the North Carolina Worksite Wellness Collaborative and Tax Incentives for Small Businesses The North Carolina General Assembly should direct the North Carolina Public Health Foundation to establish the North Carolina Worksite Wellness Collaborative to promote evidence-based strategies to support the optimal health and well-being of North Carolina's workforce. The collaborative should help businesses implement healthy workplace policies and benefits, implement health risk appraisals, develop comprehensive employee wellness programs, and implement data systems that track outcomes and the organizational and employee level. The General Assembly should provide start-up funding of \$800,000, with a reduced amount over the next four years, to support this collaborative. In addition, the General Assembly should provide a tax credit to businesses with 50 or fewer employees that have implemented a comprehensive worksite wellness program for their employees.	✓ \$2.7 M (NR) over 5 years						✓ NC Public Health Foundation

	NCGA	DPH	Education (DPI, LEA, SBE)	Health Professionals	Insurers	Employers	Others
PRIORITY 12.4: Expand Health Insurance Coverage to More People 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. Additionally, insurers should expand coverage to include the screenings, counseling and treatment recommended by the US Preventive Services Task Force.	✓	✓			✓		✓ DMA, NC Prev. Partners
12.5: Improve Provider Training To Enhance Knowledge of Evidence-based Practices 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, to increase the use of evidence-based prevention, screening, early intervention, and treatment services to reduce certain high-risk behaviors and 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. The North Carolina General Assembly should appropriate \$250,000 in recurring funds to AHEC to support these efforts.	✓ \$250K (SFY 2011) (R)	✓					✓ AHEC, DMHDDSAS, Governor's Institute on Alcohol and Drugs Others
Data Recommendations							
13.1: Enhance Existing Data Systems North Carolina agencies should enhance specific existing data collection systems to ensure that the state has adequate data for health and risk assessment, including youth risk data, school health profiles, environmental risks, and improved data collected in the cancer registry.	✓ \$250K (SFY 2011) (R)	✓					✓ AHEC, DMHDDSAS, Governor's Institute on Alcohol and Drugs Others

	NCGA	DPH	Education (DPI, LEA, SBE)	Health Professionals	Insurers	Employers	Others
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 (HPDP) should work with North Carolina foundations to identify effective practice-level nutrition, physical activity, obesity, and chronic disease prevention interventions within the state. Foundations should provide HPDP with \$50,000 per year to review five foundation- funded prevention initiatives and should help disseminate effective practices to other communities.	✓ \$250K (SFY 2011) (R)	✓					✓ AHEC, DMHDDSAS, Governor's Institute on Alcohol and Drugs Others

Abbreviations: NCGA (North Carolina General Assembly), DPH (Division of Public Health), DPI (Division of Public Instruction), LEA (Local Education Agency), SBE (State Board of Education), AHEC (Area Health Education Centers), CCNC (Community Care of North Carolina), DENR (Division of Environment and Natural Resources), DHHS (Department of Health and Human Services), DJJDP (Division of Juvenile Justice and Delinquency Prevention), DMA (Division of Medical Assistance), DMHDDSAS (Division of Mental Health Developmental Disabilities and Substance Abuse Services), DOC (Department of Correction), DOT (Department of Transportation), DPR (Division of Parks and Recreation), DSS (Division of Social Services), HWTF (Health and Wellness Trust Fund), LME (Local Management Entity), ORHCC (Office of Rural Health and Community Care), NCBP (North Carolina Board of Pharmacy), NCMB (North Carolina Medical Board), NCMS (North Carolina Medical Society), PCP (Primary Care Providers), NCPC (North Carolina Partnership for Children, Inc.), NCCCC (North Carolina Child Care Commission), NCDWQ (North Carolina Division of Water Quality), DOI (Department of Insurance), NC DMV (North Carolina Division of Motor Vehicles), HPDP (UNC Center for Health Promotion and Disease Prevention)

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- 2 Glanz K, Rimer B, Lewis MF, eds. Health Behavior and Health Education. 3rd ed. San Francisco, CA: Jossey-Bass; 2002.