



Prevention Action Steps for Legislators

Prevention for the Health of North Carolina

http://www.nciom.org/projects/prevention/prevention_report.shtml

North Carolina ranks in the bottom third of almost all state health rankings. The North Carolina General Assembly can enact policies and fund evidence-based programs to improve the overall health status of North Carolinians. The North Carolina Institute of Medicine, in collaboration with the Division of Public Health (DPH), convened a task force to develop a state *Prevention Action Plan*. The Task Force developed recommendations to address the state's 10 leading preventable causes of death and disability. The cost of implementing all priority recommendations would be approximately \$19 million; however, the *Prevention Action Plan* includes revenue-generating recommendations equaling \$354 million, which is more than enough to cover the costs of all recommendations in the *Prevention Action Plan*.¹ Report recommendation numbers are in parentheses.

1. Create a tobacco-free North Carolina.

Tobacco use is the state's leading cause of preventable death. Tobacco users are more likely to die prematurely and have poor health and higher medical care costs. There is no safe level of secondhand smoke exposure. To address tobacco use, the NCGA should:

- ✓ Increase state tobacco taxes to the national average and invest the revenues in prevention. Increasing the tax on a pack of cigarettes to the national average of \$1.38 (as of April 2, 2010) would generate \$349.0 million in new revenue annually. A comparable tax increase on other tobacco products to 55% of wholesale would generate \$58.7 million annually. (Rec. 3.2)

2. Reduce obesity by helping North Carolinians eat smart and move more.

North Carolina is currently the 10th most overweight/obese state in the nation. Two out of three North Carolinians are overweight. Be Active North Carolina estimates the overall annual cost of excess weight to the state is more than \$15 billion in medical costs, prescriptions drug costs, and lost productivity. To reduce obesity, the NCGA should:

- ✓ Appropriate \$6.5 million in recurring funds beginning in SFY 2011 to DPH to implement the Eat Smart, Move More NC Obesity Prevention Plan, \$4 million in non-recurring funds for demonstration projects for youth and community-wide interventions, and \$5 million in recurring funds to support a social marketing campaign. (Rec. 4.5)

3. Improve the weight status and health of North Carolina's school-aged children.

Over 30% of children in the state ages 2-18 are overweight or obese. Only about half of high school and middle school students get the recommended amount of physical activity each week. More needs to be done to improve nutrition, physical activity, and the health of children in this state. To improve youth health, the NCGA should:

- ✓ Ensure students receive appropriate amounts of time receiving high-quality physical education and evidence-based health education.² (Rec. 4.3)
- ✓ Appropriate \$1.2 million in recurring funds in SFY 2011 to DPI to ensure use of evidence-based health curricula in the Healthful Living Standard Course of Study. (Rec. 12.2)
- ✓ Appropriate \$1.73 million in recurring funds in SFY 2011 to DPI (increased by an additional \$1.5 million in recurring funds in each of the following five years) to enhance the ability of local education agencies to implement the coordinated school health program. (Rec. 12.1)

4. Prevent injuries among North Carolinians.

Motor vehicle-related injuries and other unintentional injuries, such as falls and unintentional poisonings, are the fourth leading cause of death in North Carolina. Intentional injuries including domestic violence and child maltreatment are also serious health concerns. To prevent injury and family violence, the NCGA should:

- ✓ Create a statewide task force to focus on reducing injuries and violence. (Rec. 8.4)

¹ The amount of funding needed does not include the funds necessary to implement high-quality physical education and Healthful Living in all schools as described in number 3 above (Rec. 4.3).

² The Department of Public Instruction (DPI) should report to the NCGA the costs of implementing high-quality physical education in all schools.

5. Prevent substance abuse and promote mental health among North Carolinians.

Approximately 800,000 North Carolinians ages 12 and older were dependent on drugs or alcohol in 2006-2007. Approximately 17% of 18-25 year olds and 10% of people ages 26 and older reported having serious psychological distress in the past year. People with substance abuse issues are at increased risk of premature death and disability, while depression is linked to increased workplace absenteeism and reduced productivity, and exacerbation of other health conditions. To prevent substance abuse and promote mental health, the NCGA should:

- ✓ Appropriate \$1.95 million in recurring funds in SFY 2011 and \$3.72 million in recurring funds in SFY 2012 to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to develop a comprehensive plan focusing on preventing substance use and improving emotional well-being. (Rec. 6.1)
- ✓ Increase the excise tax on beer and wine and use the increased revenues to support substance abuse prevention efforts, and appropriate \$2 million in recurring funds in SFY 2011 to support a comprehensive alcohol awareness education and prevention campaign. (Rec. 6.1)
- ✓ Direct insurers to review reimbursement policies to support co-location of primary care and behavioral health providers, case management, and consults between primary care and behavioral health providers. (Rec. 6.2)

6. Prevent infectious diseases among North Carolinians.

Infectious diseases were the 10th leading cause of death in the state in 2007. Many infectious diseases can be prevented by vaccines. For every dollar spent on childhood vaccines, \$5 are saved in direct costs (i.e., health care costs) and \$11 are saved in indirect costs (i.e., lost work days, lost productivity, disability). To prevent infectious diseases, the NCGA should:

- ✓ Appropriate \$1.5 million in recurring funds in SFY 2011 to DPH to conduct an aggressive outreach campaign to increase immunization rates. (Rec. 9.1)

7. Improve economic security & increase high school graduation rates among North Carolinians.

Studies show strong correlations between health outcomes and income, housing conditions, educational achievement, and race/ethnicity. Thirty-five percent of North Carolinians have low incomes (i.e., below 200% of the federal poverty guidelines, or \$41,300/year for a family of four in 2007). In 2008-09, the four-year cohort graduation rate was 71.7%. To improve economic security and education achievement levels, the NCGA should:

- ✓ Promote economic security by increasing the state Earned Income Tax Credit (EITC) to 6.5% of the federal EITC and expand outreach to encourage eligible low-income families to enroll in the Supplemental Nutrition Assistance Program. (Rec. 11.1)
- ✓ Support evidence-based strategies implemented by the State Board of Education and DPI to increase the four-year high school graduation rate. (Rec. 11.4)

By implementing the priority recommendations of the *Prevention Action Plan*, the North Carolina General Assembly can make significant improvements in the health and well-being of North Carolinians.

The above Action Steps were excerpted from recommendations in *Prevention for the Health of North Carolina: Prevention Action Plan*, a collaborative project of the North Carolina Institute of Medicine and the North Carolina Division of Public Health, and have been modified for specific audiences. **The full report is available at http://www.nciom.org/projects/prevention/prevention_report.shtml.** Generous support for this project was provided by the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the North Carolina Health and Wellness Trust Fund, and the Kate B. Reynolds Charitable Trust. Any opinion, finding, conclusion, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view and policies of the North Carolina Health and Wellness Trust Fund Commission, the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, or the Kate B. Reynolds Charitable Trust.

