



**Adolescent Health Task Force
October 10, 2008
10:00-3:00
NC Institute of Medicine**

Meeting Summary

Attendees:

Task Force/Steering Committee: Steven Cline, Carol Ford, Howard Lee, Donna Breitenstein, Jane Brown, Tamera Coyne-Beasley, Laura Gerald, Sharon Mangan, Connie Parker, Kristin Rager, Joel Rosch, Carol Tant, Tom Vitaglione, Lewis Margolis, Ilene Speizer, Andrea Weathers, Jim Martin

Interested Persons and Staff: Angela Bellota, Julia Cavender, Valerie Collins Russell, Sheila Davies, Susan Haws, Sarah Langer, Marguerite Peebles, Anne Thomas, Wilkie Wilson, Janice Peterson, Kimberly Alexander-Bratcher, Phyllis Blackwell, Thalia Fuller, Jennifer Hastings, David Jones, Jesse Lichstein, Christine Nielsen, Adrienne Parker, Pam Silberman, Berkeley Yorkery

REVIEW OF THE HEALTHY LIVING STANDARD COURSE OF STUDY

Donna Breitenstein, EdD, Center Director, NC Comprehensive School Health Training Professor and Coordinator of Health Education with Teacher Licensure Appalachian State University

The North Carolina Standard Course of Study (NC SCOS) in Healthy Living is a curriculum guide focusing on the prevention of serious health risks through two main curricula strands: health education and physical education. The NC SCOS addresses 12 serious health risks for adolescents and incorporates state-wide legislative mandates into the curricula. The North Carolina General Assembly mandates drug and alcohol prevention from kindergarten through 12th grade, CPR and Heimlich maneuver instruction in the 8th grade, and abstinence until marriage sexuality education.

A common problem is that often the SCOS is not being taught as intended or to the level required, due in most part to competition from tested subjects at all grade levels. There is also a lack of emphasis on health education, as many view health requirements fulfilled through physical education. While there are evidence-based curricula available for use, there is no requirement to use these curricula in North Carolina schools and only a few Local Education Agencies (LEA) have adopted them. In addition, there is little accountability for the teaching of health by appropriately credentialed teachers, an issue being addressed through a proposed dual licensure and required professional development.

It is recommended that LEAs employ appropriately credentialed teachers and hold them accountable for meeting the SCOS objectives, separate grading of health and physical education, seek funding for evidence-based curricula, offer a health course between grades 10 and 12, and utilize resources already available. In addition, teacher education programs should require 3 or more credit hours in health education, offer Health Education with Teacher Licensure or a true dual licensure, and assist with professional development for teachers, counselors, and nurses.

Discussion:

Discussion focused on curricula implementation issues, the testing of health curricula, and separate versus integrated health and physical education classes.

SUBSTANCE ABUSE TASK FORCE RECOMMENDATION REVIEW

Pam Silberman, JD, DrPH

President & CEO, NC Institute of Medicine

The North Carolina Institute convened a Task Force to study substance abuse services in North Carolina. Using information from the Youth Risk Behavior Survey and the National Survey on Drug Use and Health, the Substance Abuse Task Force has found that high school students in North Carolina are less than or equally likely to use alcohol and drugs as the national average, with 1 in 5 students reporting binge drinking or marijuana use in the past month. Substance abuse has large costs to both youth and society at large, costing the North Carolina economy an estimated \$12.4 billion in direct and indirect costs in 2004. Healthy People 2010 is aiming to reduce the proportion of 12 to 17 year olds engaging in binge drinking and use of illicit substances.

The Task Force is emphasizing current treatment paradigm change from an acute-care “curative” model to a long-term management of chronic illness, as addiction is now being recognized as a chronic illness. The Task Force is also focusing on creation of a comprehensive system of substance abuse services: prevention, early intervention, specialized services, and recovery support. Prevention recommendations include developing comprehensive state and local substance abuse prevention plans; reviewing existing prevention, early intervention, treatment, and referral plans; reducing tobacco and alcohol sales to minors; increasing the tobacco tax; banning smoking in public buildings; increasing the excise tax on beer; and expanding substance abuse training for health professionals. Early intervention recommendations include expanding the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) in Community Care of North Carolina networks; directing the Division of Medical Assistance and NC Health Choice to pay for annual wellness visits for children and adolescents; supporting co-location of trained substance abuse specialists in primary care settings; and mandating that insurers offer same coverage for treatment of addiction diseases. Specialized services recommendations include developing a plan for a recovery oriented system of care for adults and adolescents; supporting six pilot programs; and increasing state staff to support these recommendations. The Task Force also recommended expanding and enhancing the current data system for substance abuse.

Discussion:

Discussion focused on need to make sure the system is able to handle an increase in patients before initiating screening.

SAFE AND DRUG FREE SCHOOLS

Marguerite Peebles, School Safety and Climate Section, NC Department Public Instructions

Title IV of the Safe and Drug Free Schools and Communities (SDFSC) Act was created to support programs that prevent violence and drug use in and around schools, funded largely through the SDFSC Grant Program. Funding in North Carolina is collaboratively managed by the Governor's Portion, which provides community based services, and the Department of Public Instruction, which provides services to school-based programs. The expectation of the SDFSC Act is that Local Education Agencies (LEA) that receive funds are required to have a plan for keeping schools safe and drug-free. Funding can be used for security equipment and resource materials, technical assistance and training, salaries, and program implementation. Additional financial assistance can be obtained from the Drug-Violence Prevention National Programs' discretionary grants. One of the main problems in North Carolina is extremely low funding with a large number of initiatives.

Local control of LEAs results in the ability for LEAs to choose whichever prevention and educational programs they want. Some schools are using research and evidence-based methods while other schools are requesting not to use these methods due to cost. Examples of research based programs currently offered in North Carolina schools are Project STAR, a comprehensive drug abuse prevention program; Guiding Good Choices, an education program for parents; Life Skills Training Program, a middle school program addressing a wide range of risk and prevention factors; Lions-Quest Skills for Adolescence, a life skills education program for middle school students; Project ALERT, a 2-year program to reduce onset of drug use; Adolescents Training and Learning to Avoid Steroids (ATLAS), for high school athletes; and Promoting Alternative Thinking Strategies, a comprehensive program for promoting emotional health and social skills.

SUBSTANCE ABUSE SERVICES IN PUBLIC SCHOOLS: IMPLEMENTING EVIDENCE BASED PROGRAMS

Anne B. Thomas, BSN, MPA

Public Health Director, Dare County Department of Public Health

In 2002, the Healthy Carolinians Community Health Assessment listed substance abuse as the number one health issue in Dare County. Between 2005 and 2006 Dare County Schools had a higher rate of substance abuse violations than 70% of schools in the state, and averaged almost double the positive result rate on random drug testing. Large percentages of middle and high school students in Dare County also reported drug or alcohol use. In 2006, the Dare County Substance Abuse Demonstration Project was created to determine how best to deliver substance abuse services in a rural area. The project is dually funded by state and local dollars.

The prevention program chosen for Dare County was Positive Action, a nationally recognized evidence-based program that strengthens the intrinsic motivation to make positive choices for a lifetime. The program was implemented during the 2007-2008 school year, and is planned to expand in the next three years. Evaluations will be conducted for program effectiveness and program improvements, and student surveys and teacher feedback will be collected.

Recommendations from Dare County for successful implementation are to: garner community and political support for prevention; mandate that all schools implement evidence based programs for all students; have competent, trained, and qualified staff; appropriate time to prevention education; have school accountability for effective delivery of prevention programs; and secure adequate funding.

Discussion:

Discussion focused on program evaluation, outcome measurements, time allocation for programs, and the “What Works Clearinghouse.”

DISCUSSION OF POTENTIAL RECOMMENDATIONS

Discussion focused on the need for substance abuse prevention efforts to be handled through Public Health (similar to mental health prevention efforts), the use of data driven, evidence-based programs, dual licensure, and accountability to ensure that North Carolina Standard Course of Study in Health Living is implemented and effective.

Potential Recommendations

- LMEs need to develop models to make SA/MH services accessible and attractive to adolescents
- Separate agencies that deal with prevention and treatment
- All prevention programs for youth should have data driven decisions and use of evidence-based programs
 - Communities that care – structure for data driven decision making
- Health education should be taught by people who are licensed in health education (either dual licensure or single health licensure)
- Require or promote LEAs to use evidence-based programming into HL SCOS, when available
- SA bolded recommendations (possibly including recommendation on college age drinking)
- Provider tool kit
- Standards for accountability to ensure SCOS implemented and effective
- One time health education assessment (skills and content)
- School health coordinators for LEAs, school health nurses, school health advisory council