

**North Carolina Institute of Medicine  
Task Force on Prevention  
December 12, 2008  
Meeting Minutes  
Prioritization of Recommendations**



*Chairs:* Leah Devlin, DDS, MPH

*Task Force Members/Steering Committee Members:* Alice Ammerman, Thomas Bacon, Paula Collins, Calvin Ellison, John Frank, Greg Griggs, Polly Johnson, Jennifer MacDougall, Meg Molloy, Peg O'Connell, Ruth Petersen, Marcus Plescia, Bill Pulley, Kelly Ransdell, Carol Runyan, Pam Seamans, Vandana Shah, Florence Siman, Chuck Willson

*Interested Persons:* Kymm Ballard, Phil Bors, Adrienne Casalotti, Dee Downie, Lynn Hoggard, Peter Leone, Sally Malek, Pete Moore, Maggie Sauer, Jessica Schorr Saxe, Cathy Thomas, Betsy Vetter, Mike Waters, Elizabeth Zurick

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**Overview of Interim Report**

Pam Silberman provided an overview of the Task Force's interim report. The report, which will be released in March, will highlight the priority recommendations selected by the Task Force at this meeting.

**Review of Recommendations from All Prior Prevention Task Force Meetings**

The Task Force reviewed all recommendations from the meetings on tobacco use; physical inactivity; poor nutrition; STDs, HIV, and unintended pregnancy; and substance abuse. Comments and edits were incorporated.

**Prioritization of Recommendations**

Each Task Force member selected 6 priority recommendations (one from Tobacco Use; two from Nutrition and Physical Activity; one from STDs, HIV, and Unintended Pregnancy; and one from Substance Abuse).

*The following priority recommendations were selected by the Task Force:*

**Increase Tobacco Taxes**

- 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 50% of the product wholesale price.
- c) These new revenues should be used for prevention activities including reducing dependence on tobacco, alcohol, and other substances.

### **Enact Smoke-free Policies**

The North Carolina General Assembly should enact laws to mandate smoke-free worksites and public places including restaurants and bars to eliminate secondhand smoke exposure.

### **Nutrition Standards in Elementary Schools**

Elementary schools should fully implement the State Board of Education-adopted nutrition standards. Districts should receive support for implementation from the North Carolina General Assembly under the following conditions:

- a) The school district is in full compliance with the State Board of Education policy on nutrition standards in elementary schools (GS 115C-264.3).
- b) 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.

The North Carolina General Assembly should appropriate \$20 million in recurring funds to support the full and consistent implementation of the SBE-adopted nutrition standards in elementary schools.

### **Physical Education in Schools**

The North Carolina General Assembly should require the State Board of Education (SBE) to implement a five-year phase-in requirement of quality physical education by 2013 that includes National Association for Sport and Physical Education (NASPE) Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and 2 units of "Healthful Living" as a graduation requirement for high schools. The State Board of Education shall be required to annually report to the Education Oversight Committee regarding the physical education program and healthy active children policy.

The North Carolina General Assembly should appropriate funding for full implementation by 2013.

### **Implementation of the Eat Smart, Move More NC State Plan**

The North Carolina Division of Public Health along with its partner organizations should fully implement the *Eat Smart, Move More North Carolina* state plan for combating obesity in selected local communities and identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state.

The North Carolina General Assembly should provide \$10.5 million in recurring funding to the North Carolina Division of Public Health to support this effort.

- a) \$5 million (\$50,000 per county) in recurring funds to support local capacity (1 FTE) for the dissemination of evidence-based prevention programs and policies in North Carolina communities.
- b) \$3.5 million annually for six years 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, and health care settings to promote and support physical activity and healthy eating. The North Carolina Division of Public Health should work in collaboration with *Eat Smart, Move More North Carolina*, NC Prevention Partners, the UNC Center for Health Promotion and Disease Prevention, and others to provide technical support and disseminate best practices.
- c) \$1 million in recurring funds 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.
- d) \$500,000 for county adolescent grants of up to \$100,000 per year with priority given to counties that have a focus on case management through schools for adolescents who are at risk for obesity and overweight status.
- e) \$500,000 in recurring funds to the North Carolina Division of Public Health to provide technical assistance for the implementation of the *Eat Smart, Move More North Carolina* state plan and/or the competitive grants, and to conduct an independent evaluation.

**Comprehensive Sexuality Education in Schools**

- a) The North Carolina General Assembly should enact a law requiring K-12, medically accurate, comprehensive sexuality education. The curriculum should be developmentally appropriate, include skills building exercises to reduce social pressures that influence sexual behaviors, and provide information on the benefits of abstinence, as well as information on condoms and other forms of contraception.
- b) The North Carolina Division of Public Health, the North Carolina Department of Public Instruction, the North Carolina Medical Society, North Carolina Academy of Family Physicians, and the North Carolina Pediatric Society should develop guidelines for an appropriate sexuality education curriculum to be taught in schools.

**Substance Abuse Prevention Plan that Includes Three Components:**

- a) Strategies to increase prevention capacity at the state and local community levels
  - b) Excise tax on beer and wine
  - c) Education of Health Care Professionals to Use SBIRT
- a) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) to develop a comprehensive substance abuse prevention plan for use at the state and local levels, consistent with the Center for Substance Abuse Prevention (CSAP) Strategic

Prevention Framework.<sup>1</sup> 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, identify those who need treatment, and help them obtain services earlier in the disease process.

- 1) DMHDDSAS should work with appropriate stakeholders to develop, implement, and monitor the prevention plan at the state and local level. Stakeholders should include, but not be limited to, other public agencies that are part of the Cooperative Agreement Advisory Board, consumer groups, provider groups, and Local Management Entities (LMEs).
- 2) DMHDDSAS should direct LMEs to involve similar stakeholders to develop local prevention plans that are consistent with the statewide comprehensive substance abuse prevention plan.

b) The North Carolina General Assembly should appropriate \$1,945,000 in SFY 2010 and \$3,722,000 in SFY 2011 in recurring funds to support these efforts.

- 1) Of the recurring funds appropriated by the North Carolina General Assembly, \$1,770,000 in SFY 2010 and \$3,547,000 in SFY 2011 should be used to fund 6 pilot projects to implement county or multi-county comprehensive prevention plans consistent with the statewide comprehensive substance abuse prevention plan. DMHDDSAS should make funding available on a competitive basis, selecting 1 rural pilot and 1 urban pilot in the 3 MHDDSAS regions across the state. Technical assistance should be provided to the selected communities by the regional Centers for Prevention Resources. LMEs should serve as fiscal and management agencies for these pilots.<sup>2</sup> The 6 pilot projects should:
  - a. Involve community agencies, including but not limited to the following: Local Management Entities, local substance abuse providers, primary care providers, health departments, social services departments, local education agencies, local universities and community colleges, Healthy Carolinians, local tobacco prevention and anti-drug/alcohol coalitions, juvenile justice organizations, and representatives from criminal justice, consumer, and family advisory committees.
  - b. Be comprehensive, culturally appropriate, and based on evidence-based programs, policies, and practices.
  - c. Be based on a needs assessment of the local community that prioritizes the substance abuse prevention goals.

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<sup>1</sup> The Strategic Prevention Framework (SPF) is SAMHSA's approach to substance abuse prevention from a systemic perspective. The 5 steps operate as the guiding foundation with sustainability and cultural competence as embedded principles. There are several required components to the SPF including:

- Needs Assessment
- Capacity Building
- Planning
- Implementation
- Evaluation

Information taken from: <http://www.samhsa.gov/csap>.

<sup>2</sup> The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is the lead agency charged with preventing the use of tobacco, alcohol, and other illegal substances. DMHDDSAS staffs a Cooperative Agreement Advisory Board (CAAB) that functions to monitor federal prevention initiatives and funding. Funding from DMHDDSAS normally flows at the local level through Local Management Entities (LMEs). Thus, LMEs should serve as the grantees for the pilot programs, although the LMEs can receive the funds as pass-through for projects implemented in partnership with other community organizations.

- d. Include a mix of strategies designed for universal, selective, and indicated populations.
  - e. Include multiple points of contact to the target population (ie, prevention efforts should reach children, adolescents, and young adults in schools, community colleges and universities, and community settings).
  - f. Be continually evaluated for effectiveness and undergo continuous quality improvement.
  - g. Be consistent with the systems of care principles.
  - h. Be integrated into the continuum of care.
  - i. The North Carolina General Assembly should appropriate \$250,000 of the Mental Health Trust Fund to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to arrange for an independent evaluation of these pilot projects and for implementation of the state plan. The evaluation should include, but not be limited to, quantifying the costs of the projects; identifying the populations reached by the prevention efforts; and assessing whether the community prevention efforts have been successful in delaying initiation and reducing the use of tobacco, alcohol, and other drugs among children, adolescents, and young adults. The evaluation should also include other community indicators that could determine whether the culture of acceptance of underage drinking or other inappropriate or illegal substance use has changed, including but not limited to arrests for driving under the influence, underage drinking, or use of illegal substances; alcohol and drug related traffic crashes; reduction in other problem indicators such as school failure; and incidence of juvenile crime and delinquency.
- 3) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should use the findings from the independent evaluation of prevention services to develop a plan to implement the successful strategies statewide. The plan should be presented to the Legislative Oversight Committee on Mental Health within 6 months of when the evaluation is completed.

### **Excise Tax on Beer and Wine**

- a) In order to reduce underage drinking, the North Carolina General Assembly should increase the excise tax on malt beverages (including beer). Malt beverages are the alcoholic beverages of choice among youth, and youth are sensitive to price increases.
- b) The excise taxes on malt beverages and wine should be indexed to the consumer price index so they can keep pace with inflation. The excise tax for beer was last increased in 1969, and wine was last increased in 1979. The increased fees should be used to support prevention and treatment efforts for alcohol, tobacco, and other drugs.
- c) The increased fees should be used to fund effective prevention and treatment efforts for alcohol, tobacco and other drugs.
- d) The General Assembly should appropriate \$2.0 million in recurring funds in SFY 2010 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, and support recovery among adolescents and adults.

### **Education of Health Care Professionals to Use SBIRT**

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), the Governor's Institute on Alcohol and Substance Abuse, North Carolina Area Health Education Centers (AHEC) program, and other appropriate organizations to educate and encourage healthcare 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 SBIRT model.<sup>3</sup> The DMHDDSAS should work with ORHCC, the Governors Institute on Alcohol and Substance Abuse, AHEC, and other appropriate organizations to develop an implementation plan and for use of these state funds. The plan should include:

- (1) Mental health and substance abuse system specialists to work with the 14 Community Care of North Carolina (CCNC) networks. These staff will work directly with the CCNC practices in development, implementation, and sustainability of evidenced-based practices and coordination of care between primary care and specialty services. This would include but not be limited to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model allowing for primary care providers to work toward a medical home model that has full integration of physical, mental, developmental, and substance abuse services. In keeping with the SBIRT model, the mental health and substance abuse system specialists would work within communities to develop systems that facilitate smooth bidirectional transition of care between primary care and specialty substance abuse care. These staff should establish - in conjunction with LMEs, CCNC networks, the Governors Institute, and regional AHECs - efficient methods to increase collaboration between providers on the shared management of complex patients with multiple chronic conditions that is inclusive of mental health, developmental disabilities, and substance abuse. An effective system would smooth transitions, reduce duplications, improve communication, and facilitate joint management while improving the quality of care.
- (2) A system for online and office-based training and access to regional quality improvement specialists and/or a center of excellence that would help all healthcare professionals identify and address implementation barriers in a variety of practice settings such as OB/GYN, emergency room, and urgent care.
- (3) Integrated systems for screening, brief intervention, and referral into treatment in outpatient settings with the full continuum of substance abuse services offered through DMHDDSAS.

b) The North Carolina General Assembly should appropriate \$1.5 million in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to support this effort.

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<sup>3</sup> The Task Force specifically recommends the use of the SAMHSA evidence-based program SBIRT. SBIRT refers to a specific program utilizing evidence-based screening tools, brief intervention, counseling, and referral to treatment.