



North Carolina Department of Health and Human Services

2001 Mail Service Center • Raleigh, North Carolina 27699-2001

Tel 919-733-4534 • Fax 919-715-4645

Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable William Purcell, Co-Chair
Appropriations on Health and Human Services
North Carolina General Assembly
Room 625, Legislative Office Building
Raleigh, NC 27603

Dear Senator Purcell:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

Sincerely,



Dempsey Benton

DB:mp

Attachment

cc: Leah Devlin, D.D.S., M.P.H.
Marcus Plescia, M.D., M.P.H.
Dennis Harrington
Dan Stewart
Jim Slate
Sharnese Ransome
Jennifer Hoffman
Lee Dixon
Melvin Lee
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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Doug Berger, Co-Chair
Appropriations on Health and Human Services
North Carolina General Assembly
Room 622, Legislative Office Building
Raleigh, NC 27603

Dear Senator Berger:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Joe Hackney, Speaker of the House
North Carolina House of Representatives
Room 2304, Legislative Building
Raleigh, NC 27601

Dear Representative Hackney:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Marc Basnight, President Pro Tem
North Carolina Senate
Room 2007, Legislative Building
Raleigh, NC 27601

Dear Senator Basnight:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Beverly M. Earle, Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 634, Legislative Office Building
Raleigh, NC 27603

Dear Representative Earle:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Dempsey Benton

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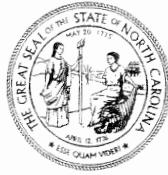
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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Bob England, M.D., Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 2219, Legislative Building
Raleigh, NC 27601

Dear Representative England:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Verla Insko, Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 307-B1, Legislative Office Building
Raleigh, NC 27603

Dear Representative Insko:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

Mr. Lynn Muchmore, Director
Fiscal Research Division
Room 619, Legislative Office Building
Raleigh, NC 27601

Dear Mr. Muchmore:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

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Response to Session Law 2007-323, Section 10.25 (a-c)

Health Promotion and Disease Prevention Inventory and Plan

Prepared for:

- **Senate Appropriations Committee on Health and Human Services**
- **House of Representatives Appropriations Sub-Committee on Health and Human Services**
- **Fiscal Research Division**

Prepared by:

Chronic Disease and Injury Section, Division of Public Health, DHHS

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Summary and Recommendations

1. Chronic diseases are the most important public health issues of our time. The prolonged course of illness from diseases such as heart disease and stroke, cancer, diabetes, and arthritis result in extraordinary direct and indirect costs, pain and suffering, poor quality of life, and disability for millions of North Carolinians.
2. Physical inactivity, poor diet, and tobacco use are the underlying cause of most chronic diseases. In 2004, obesity cost the state \$2.1 billion dollars in medical costs including \$662 million to the state Medicaid program. Tobacco use cost North Carolina \$2.4 billion in medical costs including \$796 million to the state Medicaid program.
3. As part of a mid-course review, the Governor's Task Force has reviewed 63 of the objectives of the federal Healthy People 2010 report.
 - Six of the 2010 targets have been achieved,
 - Forty-one of the objectives are moving in the right direction and 14 of these will most likely reach the 2010 target if the current trend continues.
 - Sixteen indicators are moving in the wrong direction.
4. Despite some progress, two-thirds of NC adults are still overweight, including one-third who are obese. One-quarter of adults are physically inactive and three-quarters fail to eat the recommended 5 servings of fruits and vegetables per day. North Carolina was recently ranked the 5th worst state in the nation for childhood obesity.
5. Given the magnitude and significance of the Chronic Disease epidemic in North Carolina, funding must continue be dedicated specifically for health promotion and disease prevention efforts.
6. The 2008 Public Health Improvement Plan recommends \$10 million in local funding as part of an \$18 million total requirement to fully develop a statewide system for effective chronic disease prevention and control.
7. While current funding is inadequate to justify use of a new distribution formula, additional state health promotion funding could be distributed to high-need counties using the same mechanism as was used to allocate the 2008 appropriation for Essential Services.
8. Additional health promotion funding should be provided to NC counties by funding local coalitions through local health departments.
9. Health promotion funding must be used to target the main risk factors for chronic disease; physical inactivity, poor nutrition and tobacco use.
10. Funds must be used for interventions and activities that are evidence-based. Priority should be placed on interventions that are known to be effective in minority communities.

CHRONIC DISEASE IN NORTH CAROLINA

Chronic diseases are the most important public health issues of our time. Just as infectious diseases threatened the health and well being of communities in the early 20th century, chronic diseases are now the greatest threat of the 21st. Heart disease, stroke, diabetes and cancer are responsible for the deaths of 15,000 North Carolinians each year. The prolonged course of illness from diseases such as heart disease and stroke, cancer, diabetes, and arthritis result in extraordinary direct and indirect costs, pain and suffering, poor quality of life, and disability for millions of Americans. Health care costs are reaching critical levels in North Carolina. Chronic diseases and their preventable risk factors are the main contributors to medical care costs. In 2004, obesity cost the state \$2.1 billion dollars in medical costs including \$662 million to the state Medicaid program. Tobacco use cost North Carolina \$2.4 billion in medical costs including \$796 million to the state Medicaid program.

North Carolina has particularly high rates of heart disease, stroke, diabetes and cancer. Eastern communities are now considered part of the “buckle” of the nation’s southeast “stroke belt”. Chronic diseases are also a major area of health disparities on our state; minority populations have higher rates and worse outcomes for all chronic illnesses. The death rate for stroke among African Americans is 30% - 40% higher than for whites. African Americans and American Indians are two times more likely to die from diabetes than whites in North Carolina.

Chronic diseases can be prevented and their health care costs can be controlled. Physical inactivity, poor diet, and tobacco use are the underlying cause of chronic diseases such as heart disease, stroke, diabetes and cancer and they are the three leading preventable causes of death in North Carolina. Exposure to second-hand smoke has emerged as a considerable health risk for the general public. An impressive body of scientific evidence now supports interventions to decrease tobacco use and exposure, increase physical activity and reduce obesity. More effective treatment of existing chronic diseases is also important. Treatment of diabetes, hypertension and high cholesterol can decrease the burden of debilitating conditions like stroke and chronic kidney disease. Low health literacy is a significant barrier to effective treatment. It is associated with poor understanding of written or spoken medical advice, reduced adherence to medical recommendations and adverse health outcomes.

INVENTORY OF CHRONIC DISEASE PROGRAM CAPACITY [Section 10.25(a)]

The North Carolina Division of Public Health continues to be a nationally recognized leader in health promotion and disease prevention. The majority of the funding for chronic disease programs in North Carolina comes from federal funding dispersed by the Centers for Disease Control and Prevention (CDC) and CDC regularly highlights North Carolina's performance to states across the country. North Carolina is one of twenty states in the nation that receives all available categorical chronic disease funding from the CDC and all of NC's programs are funded at the maximum level. Several of these grants require programs to demonstrate state funded matching dollars.

The last two years have been particularly successful for North Carolina. In recognition of our leadership role as a premier chronic disease prevention program, North Carolina was chosen in the fall of 2006 to be the site of the nationally influential Trust for America's Health National Obesity Summit. At this summit, North Carolina's Physical Activity and Nutrition Branch released the Eat Smart, Move More state plan. The plan is a tool that was developed with stakeholders across the state and acts as a roadmap for physical activity and nutrition policy for the next five years. The Statewide Health Promotion program, also located within the Physical Activity and Nutrition Branch, was successful in obtaining substantial grant funding from the YMCA and the CDC for an ACHIEVE grant, which will provide resources and support for physical activity, nutrition, and tobacco policy change in Cleveland County. The Division was also awarded a grant from the Kate B Reynolds Foundation to disseminate Eat Smart, Move More tools to faith based communities in targeted regions of the state.

In 2006 and 2007, the Tobacco Prevention and Control Branch was instrumental in organizing partners and providing evidenced-based support to help the General Assembly pass smoke free legislation for the General Assembly building, state government buildings, and schools. The Tobacco Prevention and Control Branch continues to administer the tobacco quit line to help North Carolinians successfully quit using tobacco with funding support from the Health and Wellness Trust Fund, Blue Cross and Blue Shield of North Carolina, and CDC.

The Heart Disease and Stroke Prevention Program was successful in the fall of 2007 in competing for the highest level of funding from CDC for Heart Disease and Stroke. With help from the Justus Warren Heart Disease and Stroke Task Force, the Division expanded North Carolina's Stroke Registry, one of only four stroke registries in the country that helps improve quality of care for stroke patients throughout the state. North Carolina also received CDC funding to lead the Tri-State Stroke Network, which includes Georgia and South Carolina. Project DIRECT, the Department's lead Diabetes initiative was acknowledged this year by CDC as one of the most effective, innovative state based public health interventions nationally. The comprehensive cancer program is preparing to release a new web-based state cancer plan that will allow cancer experts, advocates, researchers, and survivors to stay abreast of the state's cancer related activities and engage in regular dialogue on the priorities of the state program. The Division's Breast and Cervical Cancer Control Program will be able to screen more women than ever in 2007 due to a \$2 million appropriation from the NC

General Assembly. The Asthma program published two seminal documents: The North Carolina State Asthma Plan 2007- 2012 and The Burden of Asthma in North Carolina 2006, to help shape and direct asthma prevention efforts in the state.

Much of the oversight and advocacy for chronic disease programs in NC comes from the work of three main legislative task forces, The Justus-Warren Heart Disease and Stroke Prevention Task Force, The Advisory Committee on Cancer Coordination and Control, and The Governor's Task Force for Healthy Carolinians. Participation of state and local leaders in these groups has been an integral reason for our past success at attracting federal funding and is integral for our continued progress.

The Chronic Disease and Injury section has traditionally only received a modest amount of funding from the state. However, there has been increased interest in these programs recently and the General Assembly provided additional recurring funds for stroke prevention and cancer screening in the 2007 session. This report provides an inventory of health promotion and disease prevention activities funded through state appropriations. (An inventory of federally funded activities was completed in 2006). As part of this inventory chronic disease and health promotion programs and their related advisory groups and task forces are described below in brief narrative format. Attachment #1 provides a summary of the authority, membership and funding for each mandated task force and Attachment #2 provides program funding, staffing and activity information.

Heart Disease and Stroke Prevention Programs

The Heart Disease and Stroke Prevention (HDSP) Branch of the N.C. Department of Health and Human Services, Division of Public Health has accepted the challenge of reducing the first and third leading causes of death in our state—heart disease and stroke. Using the relationships built over the last decade, the Task Force and the HDSP Program partners with statewide agencies to incorporate goals that emphasize both prevention and management of heart disease and stroke. This work involves systems, policy, and environmental changes for improved blood pressure and cholesterol control, as well as addressing issues of emergency response and improved quality of care. The branch also includes the Tri-State Stroke Network (North Carolina, South Carolina, Georgia) and the Paul Coverdell North Carolina Acute Stroke Registry.

Diabetes Prevention and Control Program

The mission of the North Carolina Diabetes Prevention and Control Program is to serve the citizens of North Carolina by decreasing diabetes complications and deaths, preventing type 2 diabetes, and eliminating related health disparities. This is accomplished through advocacy, policy development/implementation, social marketing, education, health systems change, community mobilization, and partnership development. Specific strategies for 2005-2010 are: social marketing reaching consumers and policy makers; environmental change and policy supporting health behaviors; ensuring quality diabetes care; diabetes and pre-diabetes benefit coverage; access and affordability of screening and care; funding for best

practices; and more effective use of health professionals. The program is primarily funded by the Centers for Disease Control and Prevention.

Cancer Prevention and Control Programs

The NC Division of Public Health administers the *Comprehensive Cancer Program* for the prevention, detection, treatment and survivorship of persons with cancer as well as support of their loved ones. The purpose is to provide an integrated approach to reduce the morbidity and mortality of cancer through specialized programs on prevention, early detection, treatment and rehabilitation for survivorship in addition to end-of-life care. The *Comprehensive Cancer Program* consists of the *Control and Cancer Assistance Unit* (a service and financial resource unit) and the *North Carolina Advisory Committee on Cancer Coordination* — a statewide board legislatively mandated to prepare a five-year Cancer Plan. All groups work together to fulfill both the Cancer Plan and Centers for Disease Control (CDC) grant requirements. The Cancer Assistance Unit provides resources, information and financial assistance to cover diagnosis and treatment costs of North Carolina Cancer victims who are within 115% of Federal Poverty Guidelines. *Breast and Cervical Cancer Control Program (BCCCP)* also works closely with the state and federally funded *Comprehensive Cancer Program*. *BCCCP* is funded directly by CDC in order to screen eligible women for both breast and cervical cancer through contracted service providers. The purpose is to reduce breast and cervical cancer morbidity and mortality through early detection. Minimum Data Elements (MDE's) established by the CDC ensures overall quality assurance and optimum effectiveness of the program. *WISEWOMAN* is a supplemental program working closely with *BCCCP*. The purpose is to expand cardiovascular disease screening, intervention, counseling and referral services to eligible *BCCCP* women. Project funds can also be used for diabetes screening and education. *WISEWOMAN* adheres to MDE requirements for overall program appraisal.

The Arthritis Program

The North Carolina Arthritis Program (NCAP) works to reduce the occurrence, disability, activity limitation, social isolation and work limitation due to arthritis and other rheumatic conditions for over 2 million North Carolinians. The NCAP educates people about arthritis, provides tools to manage arthritis, and works with community partners to accomplish these goals. In 2003, North Carolina was one of 36 states awarded 5-year grant funding from CDC to improve the quality of life for people affected by arthritis and other rheumatic conditions. The NCAP offers a self-management education program (Arthritis Foundation Self-Help Program), two physical activity programs (Arthritis Foundation Exercise Program, formerly known as PACE and the Arthritis Foundation Aquatic Program) and a national health communications campaign promoting physical activity (Physical Activity: The Arthritis Pain Reliever). The NCAP is collaborating with the North Carolina/South Carolina Chapter of the Arthritis Foundation and the Centers for Disease Control and Prevention to implement these four interventions.

The Asthma Program

The North Carolina Asthma Program functions to facilitate the development of a comprehensive statewide asthma surveillance system; engages in strategic planning, assists in the leadership and administration of a statewide asthma coalition, the Asthma Alliance of North Carolina; and provides technical assistance and resources to local asthma coalitions and community partners. These activities are guided in an effort to reduce the negative impact of asthma on North Carolina residents. Asthma initiatives and operations are currently funded under a grant from the Center for Disease Control (CDC, "Addressing Asthma from a Public Health Perspective"). The program collaborates and utilizes the guidance and counsel of task forces and advisory committees. The Asthma Alliance of North Carolina (AANC), the Asthma Project Management Team (an internal advisory panel), and local asthma coalitions and work groups are the largest stakeholders and partners with DPH and the Asthma Program.

Tobacco Prevention and Control Programs

The North Carolina Tobacco Prevention and Control Branch, Division of Public Health, works to improve the health of North Carolina residents by building the capacity of diverse organizations and communities to carry out effective policy, media and program services. The program has four goals: 1) Prevent Tobacco use Initiation; 2) Promote Quitting among Adults and Youth; 3) Eliminate Exposure to Environmental Tobacco Smoke; and 4) Eliminate Tobacco-Attributable Health Disparities

The TPCB has an experienced team of experts with many years of working to prevent and reduce tobacco use as funded by the National Cancer Institute as a part of Project ASSIST. CDC continues to fund the TPCB Infrastructure which includes staff and local programs in every region covering 24 counties. In 1999, the TPCB worked with a statewide Vision 2010 Coalition to design and receive support from the NC General Assembly for the HWTF's Teen Tobacco Prevention and Cessation initiative, funded from the Master Settlement Agreement that the Attorneys General negotiated with the top five tobacco manufacturers. The TPCB, under an agreement with HWTF provides advanced level leadership, programmatic reporting and oversight, training and technical assistance to the Teen Tobacco Prevention and Cessation Program. The following policy priorities have emerged for the TPCB's 2003-2008 period: Increase support for public and private smokefree policies; Develop infrastructure and systems support for evidence-based tobacco treatment; promote and market a proactive full service NC Quitline; advance 100% tobacco free school policies and educate the public and decision-makers about the public health impact of increasing the cigarette tax.

The Tobacco Prevention and Control Branch launched and continues to administer the NC Tobacco Quitline (1-800-QUIT-NOW) that provides free and confidential expert coaching by live trained quit coaches to help North Carolinians successfully quit using tobacco. This is a cost effective service as the 4 call program costs the state only \$180 whereas CDC estimates the *additional medical costs* of smokers to be \$1,623 per smoker per year. Limited funding support comes from the Health and Wellness Trust Fund, Blue Cross and Blue Shield of North Carolina, and CDC.

The Physical Activity and Nutrition Programs

The Physical Activity and Nutrition (PAN) Branch function is to build healthy communities and promote healthy living by increasing physical activity and improving nutrition through comprehensive, community-based approaches with emphasis on policy and environmental strategies. The PAN Branch provides tools, resources, and technical assistance to local health departments, Local Physical Activity and Nutrition Coalitions (LPANs), local NC Winner's Circle Dining Program (NCWC) teams and community partners. The PAN Branch is the lead agency in the Eat Smart, Move More...North Carolina initiative and the lead Branch to manage and implement the CDC Obesity Grant awarded in July 2003. The purpose of this grant is to strengthen existing capacity and build new capacity of the Division of Public Health to prevent obesity by increasing physical activity and improving nutrition among North Carolinians.

The Statewide Health Promotion Program

In 1985, a North Carolina Legislative Research Study Commission was authorized to study "innovative approaches to finance health promotion and disease prevention efforts in the state." In 1986, the Commission's study committee recommended that the legislature create a statewide program to provide resources to local health departments to develop and implement community-based health promotion interventions. To support a Statewide Health Promotion Program, an annual appropriation of \$750,000 was provided in 1987 by the state legislature.

The North Carolina Statewide Health Promotion Program provides funding to 85 local health departments and districts to support increased physical activity, healthy eating, and tobacco cessation. During the last two decades, the North Carolina Statewide Health Promotion Program has supported local approaches to the prevention and control of chronic disease in every community across the state. During the 2004–2005 fiscal year, the program provided \$2.7 million to local health departments from federal preventive health and human services (PHHS) Block Grant funds. State appropriations comprised an additional \$1 million. Three state program consultants provided technical assistance and training opportunities to local programs on effective policy-change and environmental-change strategies and interventions and monitor each local program's progress annually, based on needs defined by a statewide monitoring and evaluation system. The local health promotion coordinator is responsible for submitting an annual community action and budget plan that specifies policy-change and environmental-change objectives that address at least one of the three targeted risk factors: physical activity, healthy eating and avoidance of tobacco products.

The Office of Healthy Carolinians/Health Education

Healthy Carolinas is a network of public-private partnerships that identify North Carolina's 2010 health objectives to address within their community. Leaders and organizations in counties collaborate to identify and address their community's major health and safety challenges and shape the community's health plans, activities and outcomes. There are 74 Healthy Carolinians certified partnerships (covering 83 counties) and an additional 12 counties working toward certification. The Office of Healthy Carolinians/Health Education provides the oversight and direction for Healthy Carolinians, supports the Governor's Task Force for Healthy Carolinians (GTF-HC), develops and distributes resources to local partnerships addressing North Carolina's 2010 health objectives and coordinates training and capacity building for the local partnerships. Across North Carolina, local health departments (LHD) conduct community health assessment (CHA) for community health planning and to monitor health issues and mobilize resources. CHA is one of the core functions of public health and is a mandated service of the LHD through their consolidated agreement with the State. The CHA is a comprehensive community process, involving community members and health and human service agencies/organizations. It is carried out by the Healthy Carolinians partnerships with leadership from LHD. OHC/HE provides consultation, technical assistance, and training to help develop local capacity to conduct CHAs and develop and implement community action plans.

The Office of Healthy Carolinians/Health Education is also responsible for providing vision, leadership, direction, technical assistance and workforce development in the field of community health education to health educators across the state. OHC/HE works across all public health programs (chronic disease, health promotion, injury prevention, women's health, school health, adolescent pregnancy, STDs, HIV/AIDs and other communicable diseases) by training, supporting and advocating for health educators who administer these programs locally.

MANDATED TASK FORCES

The Justus-Warren Heart Disease and Stroke Prevention Task Force

The work of the Task Force has allowed the state to acquire broad input and buy-in from a wide variety of stakeholders and had positioned the state to be highly competitive in attracting federal funding. The Task Force now has 27 members from across the state, including six legislators and representatives of partner organizations and distinguished professions. Work is carried out through four committees:

- Prevention, dealing primarily with physical activity, nutrition, tobacco use, and stress.
- Management, dealing with high blood pressure, elevated cholesterol, overweight and obesity, diabetes, disease management, and quality of care.
- Public awareness, responsible for developing and delivering statewide awareness campaigns.
- Legislation, responsible for developing legislation and securing funding to carry out Task Force recommendations and meet Program goals.

The formal charges of the Task Force are to 1) develop, maintain and publicize a profile of the burden and preventability of heart disease and stroke and 2) develop, maintain and implement a current, comprehensive, statewide plan to prevent heart disease and stroke.

Advisory Committee on Cancer Coordination and Control

The legislatively mandated, 34-member North Carolina Advisory Committee on Cancer Coordination and Control (Advisory Committee) serves as a statewide advisory board for cancer-related legislation, policy, regulations, and standards. The Advisory Committee is mandated to prepare a plan (the statewide 5-year Cancer Plan) for statewide implementation by an interagency comprehensive, coordinated cancer control program (Comprehensive Cancer Program). In addition to the activities of the overall Advisory Committee, there are five subcommittees that address specific areas: Care, Early Detection, Prevention, Legislation, and Evaluation and Surveillance. Each subcommittee prepares position statements that are presented to the Advisory Committee for proposals of policy, standards, or guidelines or makes recommendations for legislation to be made to the Legislation Subcommittee. Noted accomplishments are position statements on prostate cancer screening and cervical cancer screening.

The Governor's Task Force for Healthy Carolinians

In 1991, the Governor's Task Force for Healthy Carolinians was created through Executive Order #91 by Governor James Martin. The GTF-HC was been extended through Executive Order by each successive Governor (Governors James Hunt and Michael Easley). The current Executive Order states that the GTF-HC will:

- Advise the State Health Director and the Secretary of the Department of Health and Human Services on policies, programs and resources needed to improve the public's health in North Carolina.
- Have the responsibility to periodically review the 2010 state health objectives, make amendments as necessary, and report progress toward achieving the objectives to the

Governor, Secretary of DHHS, and the State Health Director.

- Designate local Healthy Carolinians Task Forces, comprised of representatives of public and private organizations, and community members and leaders, which support the goals of the Governor's Task Force.
- Provide encouragement and guidance to communities establishing their own local groups to accomplish the objectives developed by the Governor's Task Force.
- Review the Preventative Health and Health Services Block Grant annually and carry out the necessary functions of the advisory committee as required by federal law.

PROGRESS IN ACCOMPLISHING THE GOALS OF THE FEDERAL GOVERNMENT'S HEALTHY PEOPLE 2010 REPORT

In 2000, the Governor's Task Force for Healthy Carolinians developed North Carolina's health objectives for the year 2010. A number of professionals representing public health, mental health, health care, hospitals, children and youth, older adults, schools, churches, businesses and elected officials analyzed health issues and concerns across the state. A set of 110 objectives, divided into 12 focus areas were established. Each objective set ambitious, yet realistic targets for 2010.

As part of a mid-course review, the Governor's Task Force has reviewed 63 of the objectives to record North Carolina's progress. Six of the 2010 targets have been achieved: colorectal cancer screening, diabetes annual glycosylated hemoglobin screening, annual dilated eye exam, adult physical activity, gonorrhea, and firearm related homicides. Forty-one of the objectives are moving in the right direction, 14 of these will most likely reach the 2010 target if the current trend continues.

Sixteen indicators are moving in the wrong direction. The most worrisome trends are the decrease of adults with health insurance, increase of diabetes death rates, and increase in overweight and obesity among adults and children.

CHALLENGES FOR CHRONIC DISEASE PREVENTION AND CONTROL

The obesity epidemic could easily undermine our recent progress in heart disease and stroke, making the current generation of youth the first to have a shorter life expectancy than their parents. In North Carolina two-thirds of our adult population is overweight, including one-third who are obese. Regular physical activity reduces the risk of obesity and other chronic diseases, and unhealthy food choices are a major risk factor for cardiovascular disease and some cancers. However, 25% of North Carolinians are physically inactive and 77% fail to eat the recommended 5 servings of fruit and vegetables per day. Childhood obesity is a particularly alarming problem. With the current epidemic, the Centers for Disease Control estimate that one in three children born in 2000 will develop diabetes in their lifetime. North Carolina was recently ranked the 5th worst state in the US for childhood obesity.

Tobacco use continues to be the leading preventable cause of mortality in NC resulting in more than 14,000 deaths annually. Tobacco use is highly addictive, and most tobacco users start at age 12 - 14. North Carolina has the 11th highest smoking rate in the nation. Tobacco users lose on average 14 years of life. For every tobacco-attributable death there are 20 more people who are sick due to tobacco.

There is now an increasing amount of scientific evidence for interventions that work to reduce chronic disease risk factors. The Guide to Community Preventive Services strongly recommends preventive interventions that are evidence based and cost effective. Our state and local programmatic efforts focus on implementing these approaches in North Carolina. As the evidence base for interventions continues to grow we have expanded efforts at

prevention and control with a focus on environmental, systems, and policy change. To be successful, all communities (geographic and diverse populations) must have access to funding for these effective and cost saving interventions.

The majority of NC Chronic Disease programs are supported by categorical grants from the Centers for Disease Control and Prevention (CDC). These grants are small but relatively complex. Each is organized as a collaborative agreement with CDC with specific, clearly-defined deliverables. These priorities are set by the CDC and are specific to a single chronic disease process. Most CDC funds require a state match, and there is little flexibility to address needs not identified by CDC, support the infrastructure necessary for a comprehensive state program, or build broad capacity for health promotion at the local level. Additionally, CDC funds in most categories have been reduced over the past several years due to federal funding reductions.

Current funding to build a comprehensive state program and build local capacity comes from state appropriations and the federal preventive health and human services block grant. State funding has been steadily eroded over the last decade. Most significantly, state appropriations for the Statewide Health Promotion program were reduced by 50% to \$1-million by the legislature in 2001-2002. This reduction in state funding has become a great concern with recent threats to the federal Preventive Health and Health Services Block Grant (PHHSBG).

Clearly, chronic diseases have become one of the state's greatest public health issues. **Given the magnitude and seriousness of the Chronic Disease epidemic, and the potential for prevention, it is imperative that funding be specifically dedicated for health promotion and disease prevention efforts at the local level.**

SUPPORT FOR THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH (Section 10.25b)

In Session Law 2007-323, Section 10.24, the NC General Assembly appropriated \$2 million to local health departments to support the ten essential services of public health. Each county was awarded \$15,000. Twenty-five high-need counties were identified to receive an additional \$20,000 based on the following indicators.

- Percent of children 5 - 17 living in poverty
- Health Professional Shortage Area (HRSA approved)
- Medicaid eligibility rate
- Low Wealth County as a percent of State
- Infant Mortality Rate (5 year data)

The recommendations of the 2008 Public Health Improvement Plan outline a comprehensive state plan that details the resources and authority needed to fully implement and accomplish all of the 10 Essential Services of Public Health. The plan calls for an additional \$23 million in local funding as part of a \$64 million total requirement.

As documented in this inventory, it is beyond the scope of existing health promotion and disease prevention programs to address all aspects of the ten essential services of Public Health at the state and local level. The majority of funding for health promotion and disease prevention comes to the Division of Public Health through categorical grants from the Centers for Disease Control and Prevention. The use of these funds is narrowly defined by cooperative agreements with CDC and cannot be used to reach these broader goals. In several cases, these funds must also be matched with state funds that are for specific functions or activities.

Existing state funds for health promotion and disease prevention have been targeted through the use of explicit contract addenda with local health departments to accomplish one priority area in the Ten Essential Services, Policy Development, which includes the following three essential services.

1. Inform, educate, and empower people about health issues (e.g., health promotion and social marketing).
2. Mobilize community partnerships and action to identify and solve health problems (e.g., convening and facilitating community groups to promote health).
3. Develop policies and plans that support individual and community health efforts (e.g., leadership development and health system planning).

The 2008 Public Health Improvement Plan recommends \$10 million in local funding as part of an \$18 million total requirement to fully develop a statewide system for effective chronic disease prevention and control. These funds could be allocated to local counties using a similar distribution formula as that outlined above.

PLANS TO COMBINE RESOURCES FOR COMMUNITY HEALTH PROMOTION

Organizational Structure

In 2006, the second of two reorganizations within the Division of Public Health moved the Office of Healthy Carolinians/Health Education (OHCHE) from the Administrative, Local and Community Support Section to the Chronic Disease and Injury Section. The main purpose of these changes is to align several aspects of the Division currently housed in administrative areas with sections that are more programmatic. Inclusion of the OHCHE will support the community health improvement programs in chronic disease and health promotion. OHCHE will work closely with the programs to integrate the findings of the community health assessment process into existing interventions. Efforts are under way to better integrate the work and resources of the Statewide Health Promotion program with the Healthy Carolinians partnerships across the state.

Local Funding

The Division of Public Health currently provides health promotion funding to counties in a single funding stream using a state appropriation for the Statewide Health Promotion program. However, these resources are limited. State funding has been steadily eroded over the last decade. Most significantly, state appropriations for the Statewide Health Promotion program were reduced by 50% to \$1-million by the legislature in 2001-2002. Over the last decade, Healthy Carolinians has received sporadic non-recurring funds for local partnerships in 2000-2003, 2006 and 2008. These funds have been distributed to certified Healthy Carolinians partnerships across the state.

It is important that every local health department and Healthy Carolinians coalition in the state has basic resources to engage in evidence-based intervention strategies and the capacity to effectively compete for additional sources of funding from other philanthropic and public sector institutions. Failure to provide a basic level of support across all NC communities will ultimately undermine the capacity of lower wealth counties to address chronic disease prevention and control, resulting in increased geographic disparities within the state.

The 2008 Public Health Improvement Plan recommends an additional \$10 million to fund local coalitions to address chronic disease prevention and control. These funds should be provided to Healthy Carolinians partnerships or other local coalitions through local health departments to allow Health Directors to engage in collaborative leadership and assure that local efforts are well coordinated and avoid duplication. It is important that counties identify health promotion priorities through their Community Health Assessment process and have access to resources to target modifiable risk factors for the chronic disease epidemics of obesity, heart disease, stroke, diabetes and Cancer. Therefore, local funding must be used to target the three leading preventive causes of chronic disease; physical inactivity, poor nutrition and tobacco use.

**Chronic Disease and Inj. Section Activities Inventory
Mandated Task Forces**

Legislative Task Force/ Advisory Committee Schedule	Legislative Task Force Authority	Meeting Logistics (attendance, cost, etc..)	Outcomes
Advisory Committee On Cancer Coordination and Control (ACCCC) Meets 4 times per year	NC General Statute 130A-33	34 Members 6 Legislators 4 Reps of Medical Schools 6 Physician Group Reps 4 Reps of Associated Stakeholder Agencies 14 Partners 12 Staff Meetings also include multiple partners and stakeholders Avg. meeting cost for 100 attendees \$4,000	Lead, guide and direct use of the State Cancer Plan Policy formation and development Policy implementation Professional and Public Education
Justus-Warren HDSP Task Force Meets on average quarterly (2 times in the long session and 3 times in the short session)	N.C.G.S. Chapter 143B, Section 216.60	27 Members of Task Force reflect the state population with regard to ethnicity, race, age, gender, and geography; 1/3 appointed by Governor, 1/3 appointed by House, 1/3 appointed by Senate Average meeting costs for 27 members plus staff and resource persons = \$775.00	Legislation Committee sets the TF's legislative agenda and develops/endorsees legislation and funding to carry out TF recommendations. Public Awareness Committee oversees development and delivery of two campaigns. Management of Risk Factors Committee advises TF on issues re: disease management and secondary prevention. Prevention of Risk Factors Committee acts as a conduit for issues related to physical activity, nutrition, and tobacco.
NC Governor's Task Force for Healthy Carolinians. Meets biannually in May and October.	Executive Order # 91 (enacted September 27, 2005.	37 members. The Governor appoints 33 including the Chair. The President Pro Tempore of The Senate appoints two members of the Senate. The Speaker of the House of Representatives appoints two members of the House. Average costs of meetings: - Spring Meeting = \$650.00 - Fall Meeting (in conjunction with the Healthy Carolinians Conference and entails overnight) = \$2000.00	Establish and monitor North Carolina's 2010 health objectives. Advise the State Health Director and Secretary of DHHS on policies, program and resources needed to improve public's health. Provide certification for the local Healthy Carolinians Partnerships (74 certified partnerships covering 83 counties across the state). Review Preventative Health Block Grant and carry out the necessary functions of the advisory committee.

**Chronic Disease and Injury Section Activities Inventory
Program Information**

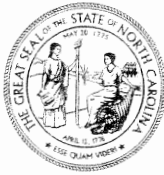
Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWTF	State	
Tobacco Prevention and Control	<p>The Tobacco Prevention and Control Branch works to prevent illness and death from tobacco use, NC's leading preventable cause of death by preventing initiation among young people; promoting tobacco cessation among youth and adults; eliminating exposure to secondhand smoke; and eliminating tobacco attributable health disparities. State supported programs (funding from HWTF) are for</p> <p>1) NC Tobacco Use Quitline services</p> <p>2) Teen Tobacco Use Prevention and Cessation.</p>	<p>1) Provides medical and professional support for the NC Tobacco Use Quitline</p> <p>2) Payment to a national vendor for quit-line calls from a selected population of youth/young adults, school personnel and primary caregivers of children under 18.</p> <p>3) One-time (2007) funding of \$250,000 for adult callers.</p> <p>4) Training and Technical Assistance to HWTF staff and grantees to augment the Teen Tobacco Prevention and Cessation program, including Tobacco Free Schools, Youth Tobacco Survey, and other HWTF approved tobacco use prevention and cessation for HWTF teen populations.</p>	<p>1) Staff provide training and technical assistance to health care providers, grantees and agencies who use the NC Quitline;</p> <p>2) Staff provides technical assistance and training for "gap counties" that do not have HWTF funding for teen tobacco use prevention and cessation and for HWTF grantees as detailed in a contract or as referred by HWTF Grants Managers.</p>	6.5 FTE HWTF		<p>HWTF \$545,652 TA</p> <p>\$750,000 Quitline youth</p> <p>\$250,000 Quitline Adults (NR)</p>

Chronic Disease and Injury Prevention Activities Inventory
Program Information

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Office of Healthy Carolinians Health Education	A certified, statewide network of community-based partnerships to improve the health of North Carolinians (HC) HC is a collaborative process that brings together community leadership in public health, hospitals, schools, churches, media, health and human service agencies, community members and elected officials. HC Partnerships conduct community health assessments, identify and establish health priorities based on NC 2010 Health Objectives, and develop/ implement programs to address the priorities, and mobilize resources. HC coordinates public health programs and other state programs at the community level to avoid duplication.	<p>1) Provides training support and technical assistance to local health departments and Healthy Carolinians partnerships for state mandated Community Health Assessment (CHA) reports in all counties.</p> <p>2) Reviews CHA and State of the County reports for LHD accreditation.</p> <p>3) Convene and support the work of the legislatively-mandated Governor's Task Force for Healthy Carolinians</p> <p>4) Certify and provide technical assistance to Healthy Carolinians Partnerships 5. Support the public health education workforce within the local health department.</p>	Periodic, non-recurring funds are distributed to HC Partnerships through local health departments using a Request for Application (RFA). The goal of Healthy Carolinians is to improve the health status of community members by establishing and supporting community-based, multi-agency partnerships that facilitate planning and implementation of projects that are guided by the NC 2010 Health Objectives.		7.35 FTE	<p>\$570,253 (R)</p> <p>\$1,000,000 (NR)</p>

Chronic Disease and Injury Prevention Activities Inventory
Program Information

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Breast and Cervical Cancer Control Program	Provides breast and cervical cancer screening and diagnostic services to low income, uninsured and underserved women between 40 & 64 years of age (breast) and 18 & 64 years of age (cervical).		Supplemental funding for breast and cervical cancer screening (mammography, Pap smears, and other diagnostic activities) is being made available to all county or district Health Departments, community health clinics, and hospitals in North Carolina.			\$2,000,000 (these funds were allocated in the 2007 legislative session)
Comprehensive Cancer Program and the NC Advisory Committee on Cancer Coordination and Control	Assists in easing the burden of cancer for citizens of North Carolina through an integrated and coordinated approach to reducing the incidence and morbidity and mortality of cancer. This includes education and information on early detection, treatment, rehabilitation and palliative care.	<p>1) Convene and support the work of legislatively mandated NC Advisory Committee on Cancer Coordination and Control through Quarterly general committee meetings and ongoing subcommittee meetings</p> <p>2) Develop, monitor and report on a comprehensive, statewide plan to for cancer prevention, screening, treatment, and support services to ease the burden of cancer in North Carolina.</p>	Funding for tobacco coalition in the Ashe, Alleghany, Watuaga Health District.		1	\$555,470



North Carolina Department of Health and Human Services

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Tel 919-733-4534 • Fax 919-715-4645

Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable William Purcell, Co-Chair
Appropriations on Health and Human Services
North Carolina General Assembly
Room 625, Legislative Office Building
Raleigh, NC 27603

Dear Senator Purcell:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

Sincerely,

A handwritten signature in cursive script that reads "Dan Stewart for".

Dempsey Benton

DB:mp

Attachment

cc: Leah Devlin, D.D.S., M.P.H.
Marcus Plescia, M.D., M.P.H.
Dennis Harrington
Dan Stewart
Jim Slate
Sharnese Ransome
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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Doug Berger, Co-Chair
Appropriations on Health and Human Services
North Carolina General Assembly
Room 622, Legislative Office Building
Raleigh, NC 27603

Dear Senator Berger:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Dempsey Benton

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Joe Hackney, Speaker of the House
North Carolina House of Representatives
Room 2304, Legislative Building
Raleigh, NC 27601

Dear Representative Hackney:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Marc Basnight, President Pro Tem
North Carolina Senate
Room 2007, Legislative Building
Raleigh, NC 27601

Dear Senator Basnight:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

Sincerely,

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Dempsey Benton

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Beverly M. Earle, Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 634, Legislative Office Building
Raleigh, NC 27603

Dear Representative Earle:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia@ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Bob England, M.D., Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 2219, Legislative Building
Raleigh, NC 27601

Dear Representative England:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

Sincerely,

A handwritten signature in black ink that reads "Dan Stewart for". Below the signature, the name "Dempsey Benton" is printed in a standard font.

Dempsey Benton

DB:mp

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

The Honorable Verla Insko, Chairman
Appropriations Subcommittee on Health and Human Services
North Carolina General Assembly
Room 307-B1, Legislative Office Building
Raleigh, NC 27603

Dear Representative Insko:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

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Michael F. Easley, Governor

Dempsey Benton, Secretary

February 29, 2008

Mr. Lynn Muchmore, Director
Fiscal Research Division
Room 619, Legislative Office Building
Raleigh, NC 27601

Dear Mr. Muchmore:

The Department of Health and Human Services, Division of Public Health, and the Chronic Disease and Injury Section respectfully submits the attached Health Promotion and Disease Prevention Inventory and Plan report due March 1, 2008. This report was prepared in response to House Bill 1473, Section 10.25(c).

In you have any questions regarding this report, please contact Marcus Plescia, Chief, Chronic Disease and Injury Section at (919) 707-5203 or via email Marcus.Plescia @ncmail.net.

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Response to Session Law 2007-323, Section 10.25 (a-c)

Health Promotion and Disease Prevention Inventory and Plan

Prepared for:

- Senate Appropriations Committee on Health and Human Services
- House of Representatives Appropriations Sub-Committee on Health and Human Services
- Fiscal Research Division

Prepared by:

Chronic Disease and Injury Section, Division of Public Health, DHHS

Contents:

- I. Overview of Chronic Disease in North Carolina
- II. Inventory of Chronic Disease Program Capacity
 - A. Heart Disease and Stroke Prevention Programs
 - B. Diabetes Prevention and Control Program
 - C. Cancer Prevention and Control Programs
 - D. Arthritis Program
 - E. Asthma Program
 - F. Tobacco Prevention and Control Programs
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 - A. The Justus-Warren Heart Disease and Stroke Prevention Task Force
 - B. The Advisory Committee on Cancer Coordination and Control
 - C. The Governor's Task Force for Healthy Carolinians
- IV. Progress in Accomplishing the Goals of Healthy People 2010
- V. Challenges Facing Chronic Disease Prevention and Control
- VI. Support for the Ten Essential Services of Public Health
- VII. Plans to Combine Resources for Community Health Promotion
- VIII. Recommendations

Summary and Recommendations

1. Chronic diseases are the most important public health issues of our time. The prolonged course of illness from diseases such as heart disease and stroke, cancer, diabetes, and arthritis result in extraordinary direct and indirect costs, pain and suffering, poor quality of life, and disability for millions of North Carolinians.
2. Physical inactivity, poor diet, and tobacco use are the underlying cause of most chronic diseases. In 2004, obesity cost the state \$2.1 billion dollars in medical costs including \$662 million to the state Medicaid program. Tobacco use cost North Carolina \$2.4 billion in medical costs including \$796 million to the state Medicaid program.
3. As part of a mid-course review, the Governor's Task Force has reviewed 63 of the objectives of the federal Healthy People 2010 report.
 - Six of the 2010 targets have been achieved,
 - Forty-one of the objectives are moving in the right direction and 14 of these will most likely reach the 2010 target if the current trend continues.
 - Sixteen indicators are moving in the wrong direction.
4. Despite some progress, two-thirds of NC adults are still overweight, including one-third who are obese. One-quarter of adults are physically inactive and three-quarters fail to eat the recommended 5 servings of fruits and vegetables per day. North Carolina was recently ranked the 5th worst state in the nation for childhood obesity.
5. Given the magnitude and significance of the Chronic Disease epidemic in North Carolina, funding must continue be dedicated specifically for health promotion and disease prevention efforts.
6. The 2008 Public Health Improvement Plan recommends \$10 million in local funding as part of an \$18 million total requirement to fully develop a statewide system for effective chronic disease prevention and control.
7. While current funding is inadequate to justify use of a new distribution formula, additional state health promotion funding could be distributed to high-need counties using the same mechanism as was used to allocate the 2008 appropriation for Essential Services.
8. Additional health promotion funding should be provided to NC counties by funding local coalitions through local health departments.
9. Health promotion funding must be used to target the main risk factors for chronic disease; physical inactivity, poor nutrition and tobacco use.
10. Funds must be used for interventions and activities that are evidence-based. Priority should be placed on interventions that are known to be effective in minority communities.

CHRONIC DISEASE IN NORTH CAROLINA

Chronic diseases are the most important public health issues of our time. Just as infectious diseases threatened the health and well being of communities in the early 20th century, chronic diseases are now the greatest threat of the 21st. Heart disease, stroke, diabetes and cancer are responsible for the deaths of 15,000 North Carolinians each year. The prolonged course of illness from diseases such as heart disease and stroke, cancer, diabetes, and arthritis result in extraordinary direct and indirect costs, pain and suffering, poor quality of life, and disability for millions of Americans. Health care costs are reaching critical levels in North Carolina. Chronic diseases and their preventable risk factors are the main contributors to medical care costs. In 2004, obesity cost the state \$2.1 billion dollars in medical costs including \$662 million to the state Medicaid program. Tobacco use cost North Carolina \$2.4 billion in medical costs including \$796 million to the state Medicaid program.

North Carolina has particularly high rates of heart disease, stroke, diabetes and cancer. Eastern communities are now considered part of the “buckle” of the nation’s southeast “stroke belt”. Chronic diseases are also a major area of health disparities on our state; minority populations have higher rates and worse outcomes for all chronic illnesses. The death rate for stroke among African Americans is 30% - 40% higher than for whites. African Americans and American Indians are two times more likely to die from diabetes than whites in North Carolina.

Chronic diseases can be prevented and their health care costs can be controlled. Physical inactivity, poor diet, and tobacco use are the underlying cause of chronic diseases such as heart disease, stroke, diabetes and cancer and they are the three leading preventable causes of death in North Carolina. Exposure to second-hand smoke has emerged as a considerable health risk for the general public. An impressive body of scientific evidence now supports interventions to decrease tobacco use and exposure, increase physical activity and reduce obesity. More effective treatment of existing chronic diseases is also important. Treatment of diabetes, hypertension and high cholesterol can decrease the burden of debilitating conditions like stroke and chronic kidney disease. Low health literacy is a significant barrier to effective treatment. It is associated with poor understanding of written or spoken medical advice, reduced adherence to medical recommendations and adverse health outcomes.

INVENTORY OF CHRONIC DISEASE PROGRAM CAPACITY [Section 10.25(a)]

The North Carolina Division of Public Health continues to be a nationally recognized leader in health promotion and disease prevention. The majority of the funding for chronic disease programs in North Carolina comes from federal funding dispersed by the Centers for Disease Control and Prevention (CDC) and CDC regularly highlights North Carolina's performance to states across the country. North Carolina is one of twenty states in the nation that receives all available categorical chronic disease funding from the CDC and all of NC's programs are funded at the maximum level. Several of these grants require programs to demonstrate state funded matching dollars.

The last two years have been particularly successful for North Carolina. In recognition of our leadership role as a premier chronic disease prevention program, North Carolina was chosen in the fall of 2006 to be the site of the nationally influential Trust for America's Health National Obesity Summit. At this summit, North Carolina's Physical Activity and Nutrition Branch released the Eat Smart, Move More state plan. The plan is a tool that was developed with stakeholders across the state and acts as a roadmap for physical activity and nutrition policy for the next five years. The Statewide Health Promotion program, also located within the Physical Activity and Nutrition Branch, was successful in obtaining substantial grant funding from the YMCA and the CDC for an ACHIEVE grant, which will provide resources and support for physical activity, nutrition, and tobacco policy change in Cleveland County. The Division was also awarded a grant from the Kate B Reynolds Foundation to disseminate Eat Smart, Move More tools to faith based communities in targeted regions of the state.

In 2006 and 2007, the Tobacco Prevention and Control Branch was instrumental in organizing partners and providing evidenced-based support to help the General Assembly pass smoke free legislation for the General Assembly building, state government buildings, and schools. The Tobacco Prevention and Control Branch continues to administer the tobacco quit line to help North Carolinians successfully quit using tobacco with funding support from the Health and Wellness Trust Fund, Blue Cross and Blue Shield of North Carolina, and CDC.

The Heart Disease and Stroke Prevention Program was successful in the fall of 2007 in competing for the highest level of funding from CDC for Heart Disease and Stroke. With help from the Justus Warren Heart Disease and Stroke Task Force, the Division expanded North Carolina's Stroke Registry, one of only four stroke registries in the country that helps improve quality of care for stroke patients throughout the state. North Carolina also received CDC funding to lead the Tri-State Stroke Network, which includes Georgia and South Carolina. Project DIRECT, the Department's lead Diabetes initiative was acknowledged this year by CDC as one of the most effective, innovative state based public health interventions nationally. The comprehensive cancer program is preparing to release a new web-based state cancer plan that will allow cancer experts, advocates, researchers, and survivors to stay abreast of the state's cancer related activities and engage in regular dialogue on the priorities of the state program. The Division's Breast and Cervical Cancer Control Program will be able to screen more women than ever in 2007 due to a \$2 million appropriation from the NC

General Assembly. The Asthma program published two seminal documents: The North Carolina State Asthma Plan 2007- 2012 and The Burden of Asthma in North Carolina 2006, to help shape and direct asthma prevention efforts in the state.

Much of the oversight and advocacy for chronic disease programs in NC comes from the work of three main legislative task forces, The Justus-Warren Heart Disease and Stroke Prevention Task Force, The Advisory Committee on Cancer Coordination and Control, and The Governor's Task Force for Healthy Carolinians. Participation of state and local leaders in these groups has been an integral reason for our past success at attracting federal funding and is integral for our continued progress.

The Chronic Disease and Injury section has traditionally only received a modest amount of funding from the state. However, there has been increased interest in these programs recently and the General Assembly provided additional recurring funds for stroke prevention and cancer screening in the 2007 session. This report provides an inventory of health promotion and disease prevention activities funded through state appropriations. (An inventory of federally funded activities was completed in 2006). As part of this inventory chronic disease and health promotion programs and their related advisory groups and task forces are described below in brief narrative format. Attachment #1 provides a summary of the authority, membership and funding for each mandated task force and Attachment #2 provides program funding, staffing and activity information.

Heart Disease and Stroke Prevention Programs

The Heart Disease and Stroke Prevention (HDSP) Branch of the N.C. Department of Health and Human Services, Division of Public Health has accepted the challenge of reducing the first and third leading causes of death in our state—heart disease and stroke. Using the relationships built over the last decade, the Task Force and the HDSP Program partners with statewide agencies to incorporate goals that emphasize both prevention and management of heart disease and stroke. This work involves systems, policy, and environmental changes for improved blood pressure and cholesterol control, as well as addressing issues of emergency response and improved quality of care. The branch also includes the Tri-State Stroke Network (North Carolina, South Carolina, Georgia) and the Paul Coverdell North Carolina Acute Stroke Registry.

Diabetes Prevention and Control Program

The mission of the North Carolina Diabetes Prevention and Control Program is to serve the citizens of North Carolina by decreasing diabetes complications and deaths, preventing type 2 diabetes, and eliminating related health disparities. This is accomplished through advocacy, policy development/implementation, social marketing, education, health systems change, community mobilization, and partnership development. Specific strategies for 2005-2010 are: social marketing reaching consumers and policy makers; environmental change and policy supporting health behaviors; ensuring quality diabetes care; diabetes and pre-diabetes benefit coverage; access and affordability of screening and care; funding for best

practices; and more effective use of health professionals. The program is primarily funded by the Centers for Disease Control and Prevention.

Cancer Prevention and Control Programs

The NC Division of Public Health administers the *Comprehensive Cancer Program* for the prevention, detection, treatment and survivorship of persons with cancer as well as support of their loved ones. The purpose is to provide an integrated approach to reduce the morbidity and mortality of cancer through specialized programs on prevention, early detection, treatment and rehabilitation for survivorship in addition to end-of-life care. The *Comprehensive Cancer Program* consists of the *Control and Cancer Assistance Unit* (a service and financial resource unit) and the *North Carolina Advisory Committee on Cancer Coordination* — a statewide board legislatively mandated to prepare a five-year Cancer Plan. All groups work together to fulfill both the Cancer Plan and Centers for Disease Control (CDC) grant requirements. The Cancer Assistance Unit provides resources, information and financial assistance to cover diagnosis and treatment costs of North Carolina Cancer victims who are within 115% of Federal Poverty Guidelines. *Breast and Cervical Cancer Control Program (BCCCP)* also works closely with the state and federally funded *Comprehensive Cancer Program*. *BCCCP* is funded directly by CDC in order to screen eligible woman for both breast and cervical cancer through contracted service providers. The purpose is to reduce breast and cervical cancer morbidity and mortality through early detection. Minimum Data Elements (MDE's) established by the CDC ensures overall quality assurance and optimum effectiveness of the program. *WISEWOMAN* is a supplemental program working closely with *BCCCP*. The purpose is to expand cardiovascular disease screening, intervention, counseling and referral services to eligible *BCCCP* women. Project funds can also be used for diabetes screening and education. *WISEWOMAN* adheres to MDE requirements for overall program appraisal.

The Arthritis Program

The North Carolina Arthritis Program (NCAP) works to reduce the occurrence, disability, activity limitation, social isolation and work limitation due to arthritis and other rheumatic conditions for over 2 million North Carolinians. The NCAP educates people about arthritis, provides tools to manage arthritis, and works with community partners to accomplish these goals. In 2003, North Carolina was one of 36 states awarded 5-year grant funding from CDC to improve the quality of life for people affected by arthritis and other rheumatic conditions. The NCAP offers a self-management education program (Arthritis Foundation Self-Help Program), two physical activity programs (Arthritis Foundation Exercise Program, formerly known as PACE and the Arthritis Foundation Aquatic Program) and a national health communications campaign promoting physical activity (Physical Activity: The Arthritis Pain Reliever). The NCAP is collaborating with the North Carolina/South Carolina Chapter of the Arthritis Foundation and the Centers for Disease Control and Prevention to implement these four interventions.

The Asthma Program

The North Carolina Asthma Program functions to facilitate the development of a comprehensive statewide asthma surveillance system; engages in strategic planning, assists in the leadership and administration of a statewide asthma coalition, the Asthma Alliance of North Carolina; and provides technical assistance and resources to local asthma coalitions and community partners. These activities are guided in an effort to reduce the negative impact of asthma on North Carolina residents. Asthma initiatives and operations are currently funded under a grant from the Center for Disease Control (CDC, "Addressing Asthma from a Public Health Perspective"). The program collaborates and utilizes the guidance and counsel of task forces and advisory committees. The Asthma Alliance of North Carolina (AANC), the Asthma Project Management Team (an internal advisory panel), and local asthma coalitions and work groups are the largest stakeholders and partners with DPH and the Asthma Program.

Tobacco Prevention and Control Programs

The North Carolina Tobacco Prevention and Control Branch, Division of Public Health, works to improve the health of North Carolina residents by building the capacity of diverse organizations and communities to carry out effective policy, media and program services. The program has four goals: 1) Prevent Tobacco use Initiation; 2) Promote Quitting among Adults and Youth; 3) Eliminate Exposure to Environmental Tobacco Smoke; and 4) Eliminate Tobacco-Attributable Health Disparities

The TPCB has an experienced team of experts with many years of working to prevent and reduce tobacco use as funded by the National Cancer Institute as a part of Project ASSIST. CDC continues to fund the TPCB Infrastructure which includes staff and local programs in every region covering 24 counties. In 1999, the TPCB worked with a statewide Vision 2010 Coalition to design and receive support from the NC General Assembly for the HWTF's Teen Tobacco Prevention and Cessation initiative, funded from the Master Settlement Agreement that the Attorneys General negotiated with the top five tobacco manufacturers. The TPCB, under an agreement with HWTF provides advanced level leadership, programmatic reporting and oversight, training and technical assistance to the Teen Tobacco Prevention and Cessation Program. The following policy priorities have emerged for the TPCB's 2003-2008 period: Increase support for public and private smokefree policies; Develop infrastructure and systems support for evidence-based tobacco treatment; promote and market a proactive full service NC Quitline; advance 100% tobacco free school policies and educate the public and decision-makers about the public health impact of increasing the cigarette tax.

The Tobacco Prevention and Control Branch launched and continues to administer the NC Tobacco Quitline (1-800-QUIT-NOW) that provides free and confidential expert coaching by live trained quit coaches to help North Carolinians successfully quit using tobacco. This is a cost effective service as the 4 call program costs the state only \$180 whereas CDC estimates the *additional medical costs* of smokers to be \$1,623 per smoker per year. Limited funding support comes from the Health and Wellness Trust Fund, Blue Cross and Blue Shield of North Carolina, and CDC.

The Physical Activity and Nutrition Programs

The Physical Activity and Nutrition (PAN) Branch function is to build healthy communities and promote healthy living by increasing physical activity and improving nutrition through comprehensive, community-based approaches with emphasis on policy and environmental strategies. The PAN Branch provides tools, resources, and technical assistance to local health departments, Local Physical Activity and Nutrition Coalitions (LPANs), local NC Winner's Circle Dining Program (NCWC) teams and community partners. The PAN Branch is the lead agency in the Eat Smart, Move More...North Carolina initiative and the lead Branch to manage and implement the CDC Obesity Grant awarded in July 2003. The purpose of this grant is to strengthen existing capacity and build new capacity of the Division of Public Health to prevent obesity by increasing physical activity and improving nutrition among North Carolinians.

The Statewide Health Promotion Program

In 1985, a North Carolina Legislative Research Study Commission was authorized to study "innovative approaches to finance health promotion and disease prevention efforts in the state." In 1986, the Commission's study committee recommended that the legislature create a statewide program to provide resources to local health departments to develop and implement community-based health promotion interventions. To support a Statewide Health Promotion Program, an annual appropriation of \$750,000 was provided in 1987 by the state legislature.

The North Carolina Statewide Health Promotion Program provides funding to 85 local health departments and districts to support increased physical activity, healthy eating, and tobacco cessation. During the last two decades, the North Carolina Statewide Health Promotion Program has supported local approaches to the prevention and control of chronic disease in every community across the state. During the 2004–2005 fiscal year, the program provided \$2.7 million to local health departments from federal preventive health and human services (PHHS) Block Grant funds. State appropriations comprised an additional \$1 million. Three state program consultants provided technical assistance and training opportunities to local programs on effective policy-change and environmental-change strategies and interventions and monitor each local program's progress annually, based on needs defined by a statewide monitoring and evaluation system. The local health promotion coordinator is responsible for submitting an annual community action and budget plan that specifies policy-change and environmental-change objectives that address at least one of the three targeted risk factors: physical activity, healthy eating and avoidance of tobacco products.

The Office of Healthy Carolinians/Health Education

Healthy Carolinas is a network of public-private partnerships that identify North Carolina's 2010 health objectives to address within their community. Leaders and organizations in counties collaborate to identify and address their community's major health and safety challenges and shape the community's health plans, activities and outcomes. There are 74 Healthy Carolinians certified partnerships (covering 83 counties) and an additional 12 counties working toward certification. The Office of Healthy Carolinians/Health Education provides the oversight and direction for Healthy Carolinians, supports the Governor's Task Force for Healthy Carolinians (GTF-HC), develops and distributes resources to local partnerships addressing North Carolina's 2010 health objectives and coordinates training and capacity building for the local partnerships. Across North Carolina, local health departments (LHD) conduct community health assessment (CHA) for community health planning and to monitor health issues and mobilize resources. CHA is one of the core functions of public health and is a mandated service of the LHD through their consolidated agreement with the State. The CHA is a comprehensive community process, involving community members and health and human service agencies/organizations. It is carried out by the Healthy Carolinians partnerships with leadership from LHD. OHC/HE provides consultation, technical assistance, and training to help develop local capacity to conduct CHAs and develop and implement community action plans.

The Office of Healthy Carolinians/Health Education is also responsible for providing vision, leadership, direction, technical assistance and workforce development in the field of community health education to health educators across the state. OHC/HE works across all public health programs (chronic disease, health promotion, injury prevention, women's health, school health, adolescent pregnancy, STDs, HIV/AIDs and other communicable diseases) by training, supporting and advocating for health educators who administer these programs locally.

MANDATED TASK FORCES

The Justus-Warren Heart Disease and Stroke Prevention Task Force

The work of the Task Force has allowed the state to acquire broad input and buy-in from a wide variety of stakeholders and had positioned the state to be highly competitive in attracting federal funding. The Task Force now has 27 members from across the state, including six legislators and representatives of partner organizations and distinguished professions. Work is carried out through four committees:

- Prevention, dealing primarily with physical activity, nutrition, tobacco use, and stress.
- Management, dealing with high blood pressure, elevated cholesterol, overweight and obesity, diabetes, disease management, and quality of care.
- Public awareness, responsible for developing and delivering statewide awareness campaigns.
- Legislation, responsible for developing legislation and securing funding to carry out Task Force recommendations and meet Program goals.

The formal charges of the Task Force are to 1) develop, maintain and publicize a profile of the burden and preventability of heart disease and stroke and 2) develop, maintain and implement a current, comprehensive, statewide plan to prevent heart disease and stroke.

Advisory Committee on Cancer Coordination and Control

The legislatively mandated, 34-member North Carolina Advisory Committee on Cancer Coordination and Control (Advisory Committee) serves as a statewide advisory board for cancer-related legislation, policy, regulations, and standards. The Advisory Committee is mandated to prepare a plan (the statewide 5-year Cancer Plan) for statewide implementation by an interagency comprehensive, coordinated cancer control program (Comprehensive Cancer Program). In addition to the activities of the overall Advisory Committee, there are five subcommittees that address specific areas: Care, Early Detection, Prevention, Legislation, and Evaluation and Surveillance. Each subcommittee prepares position statements that are presented to the Advisory Committee for proposals of policy, standards, or guidelines or makes recommendations for legislation to be made to the Legislation Subcommittee. Noted accomplishments are position statements on prostate cancer screening and cervical cancer screening.

The Governor's Task Force for Healthy Carolinians

In 1991, the Governor's Task Force for Healthy Carolinians was created through Executive Order #91 by Governor James Martin. The GTF-HC was been extended through Executive Order by each successive Governor (Governors James Hunt and Michael Easley). The current Executive Order states that the GTF-HC will:

- Advise the State Health Director and the Secretary of the Department of Health and Human Services on policies, programs and resources needed to improve the public's health in North Carolina.
- Have the responsibility to periodically review the 2010 state health objectives, make amendments as necessary, and report progress toward achieving the objectives to the

Governor, Secretary of DHHS, and the State Health Director.

- Designate local Healthy Carolinians Task Forces, comprised of representatives of public and private organizations, and community members and leaders, which support the goals of the Governor's Task Force.
- Provide encouragement and guidance to communities establishing their own local groups to accomplish the objectives developed by the Governor's Task Force.
- Review the Preventative Health and Health Services Block Grant annually and carry out the necessary functions of the advisory committee as required by federal law.

PROGRESS IN ACCOMPLISHING THE GOALS OF THE FEDERAL GOVERNMENT'S HEALTHY PEOPLE 2010 REPORT

In 2000, the Governor's Task Force for Healthy Carolinians developed North Carolina's health objectives for the year 2010. A number of professionals representing public health, mental health, health care, hospitals, children and youth, older adults, schools, churches, businesses and elected officials analyzed health issues and concerns across the state. A set of 110 objectives, divided into 12 focus areas were established. Each objective set ambitious, yet realistic targets for 2010.

As part of a mid-course review, the Governor's Task Force has reviewed 63 of the objectives to record North Carolina's progress. Six of the 2010 targets have been achieved: colorectal cancer screening, diabetes annual glycosylated hemoglobin screening, annual dilated eye exam, adult physical activity, gonorrhea, and firearm related homicides. Forty-one of the objectives are moving in the right direction, 14 of these will most likely reach the 2010 target if the current trend continues.

Sixteen indicators are moving in the wrong direction. The most worrisome trends are the decrease of adults with health insurance, increase of diabetes death rates, and increase in overweight and obesity among adults and children.

CHALLENGES FOR CHRONIC DISEASE PREVENTION AND CONTROL

The obesity epidemic could easily undermine our recent progress in heart disease and stroke, making the current generation of youth the first to have a shorter life expectancy than their parents. In North Carolina two-thirds of our adult population is overweight, including one-third who are obese. Regular physical activity reduces the risk of obesity and other chronic diseases, and unhealthy food choices are a major risk factor for cardiovascular disease and some cancers. However, 25% of North Carolinians are physically inactive and 77% fail to eat the recommended 5 servings of fruit and vegetables per day. Childhood obesity is a particularly alarming problem. With the current epidemic, the Centers for Disease Control estimate that one in three children born in 2000 will develop diabetes in their lifetime. North Carolina was recently ranked the 5th worst state in the US for childhood obesity.

Tobacco use continues to be the leading preventable cause of mortality in NC resulting in more than 14,000 deaths annually. Tobacco use is highly addictive, and most tobacco users start at age 12 - 14. North Carolina has the 11th highest smoking rate in the nation. Tobacco users lose on average 14 years of life. For every tobacco-attributable death there are 20 more people who are sick due to tobacco.

There is now an increasing amount of scientific evidence for interventions that work to reduce chronic disease risk factors. The Guide to Community Preventive Services strongly recommends preventive interventions that are evidence based and cost effective. Our state and local programmatic efforts focus on implementing these approaches in North Carolina. As the evidence base for interventions continues to grow we have expanded efforts at

prevention and control with a focus on environmental, systems, and policy change. To be successful, all communities (geographic and diverse populations) must have access to funding for these effective and cost saving interventions.

The majority of NC Chronic Disease programs are supported by categorical grants from the Centers for Disease Control and Prevention (CDC). These grants are small but relatively complex. Each is organized as a collaborative agreement with CDC with specific, clearly-defined deliverables. These priorities are set by the CDC and are specific to a single chronic disease process. Most CDC funds require a state match, and there is little flexibility to address needs not identified by CDC, support the infrastructure necessary for a comprehensive state program, or build broad capacity for health promotion at the local level. Additionally, CDC funds in most categories have been reduced over the past several years due to federal funding reductions.

Current funding to build a comprehensive state program and build local capacity comes from state appropriations and the federal preventive health and human services block grant. State funding has been steadily eroded over the last decade. Most significantly, state appropriations for the Statewide Health Promotion program were reduced by 50% to \$1-million by the legislature in 2001-2002. This reduction in state funding has become a great concern with recent threats to the federal Preventive Health and Health Services Block Grant (PHHSBG).

Clearly, chronic diseases have become one of the state's greatest public health issues. **Given the magnitude and seriousness of the Chronic Disease epidemic, and the potential for prevention, it is imperative that funding be specifically dedicated for health promotion and disease prevention efforts at the local level.**

SUPPORT FOR THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH (Section 10.25b)

In Session Law 2007-323, Section 10.24, the NC General Assembly appropriated \$2 million to local health departments to support the ten essential services of public health. Each county was awarded \$15,000. Twenty-five high-need counties were identified to receive an additional \$20,000 based on the following indicators.

- Percent of children 5 - 17 living in poverty
- Health Professional Shortage Area (HRSA approved)
- Medicaid eligibility rate
- Low Wealth County as a percent of State
- Infant Mortality Rate (5 year data)

The recommendations of the 2008 Public Health Improvement Plan outline a comprehensive state plan that details the resources and authority needed to fully implement and accomplish all of the 10 Essential Services of Public Health. The plan calls for an additional \$23 million in local funding as part of a \$64 million total requirement.

As documented in this inventory, it is beyond the scope of existing health promotion and disease prevention programs to address all aspects of the ten essential services of Public Health at the state and local level. The majority of funding for health promotion and disease prevention comes to the Division of Public Health through categorical grants from the Centers for Disease Control and Prevention. The use of these funds is narrowly defined by cooperative agreements with CDC and cannot be used to reach these broader goals. In several cases, these funds must also be matched with state funds that are for specific functions or activities.

Existing state funds for health promotion and disease prevention have been targeted through the use of explicit contract addenda with local health departments to accomplish one priority area in the Ten Essential Services, Policy Development, which includes the following three essential services.

1. Inform, educate, and empower people about health issues (e.g., health promotion and social marketing).
2. Mobilize community partnerships and action to identify and solve health problems (e.g., convening and facilitating community groups to promote health).
3. Develop policies and plans that support individual and community health efforts (e.g., leadership development and health system planning).

The 2008 Public Health Improvement Plan recommends \$10 million in local funding as part of an \$18 million total requirement to fully develop a statewide system for effective chronic disease prevention and control. These funds could be allocated to local counties using a similar distribution formula as that outlined above.

PLANS TO COMBINE RESOURCES FOR COMMUNITY HEALTH PROMOTION

Organizational Structure

In 2006, the second of two reorganizations within the Division of Public Health moved the Office of Healthy Carolinians/Health Education (OHCHE) from the Administrative, Local and Community Support Section to the Chronic Disease and Injury Section. The main purpose of these changes is to align several aspects of the Division currently housed in administrative areas with sections that are more programmatic. Inclusion of the OHCHE will support the community health improvement programs in chronic disease and health promotion. OHCHE will work closely with the programs to integrate the findings of the community health assessment process into existing interventions. Efforts are under way to better integrate the work and resources of the Statewide Health Promotion program with the Healthy Carolinians partnerships across the state.

Local Funding

The Division of Public Health currently provides health promotion funding to counties in a single funding stream using a state appropriation for the Statewide Health Promotion program. However, these resources are limited. State funding has been steadily eroded over the last decade. Most significantly, state appropriations for the Statewide Health Promotion program were reduced by 50% to \$1-million by the legislature in 2001-2002. Over the last decade, Healthy Carolinians has received sporadic non-recurring funds for local partnerships in 2000-2003, 2006 and 2008. These funds have been distributed to certified Healthy Carolinians partnerships across the state.

It is important that every local health department and Healthy Carolinians coalition in the state has basic resources to engage in evidence-based intervention strategies and the capacity to effectively compete for additional sources of funding from other philanthropic and public sector institutions. Failure to provide a basic level of support across all NC communities will ultimately undermine the capacity of lower wealth counties to address chronic disease prevention and control, resulting in increased geographic disparities within the state.

The 2008 Public Health Improvement Plan recommends an additional \$10 million to fund local coalitions to address chronic disease prevention and control. These funds should be provided to Healthy Carolinians partnerships or other local coalitions through local health departments to allow Health Directors to engage in collaborative leadership and assure that local efforts are well coordinated and avoid duplication. It is important that counties identify health promotion priorities through their Community Health Assessment process and have access to resources to target modifiable risk factors for the chronic disease epidemics of obesity, heart disease, stroke, diabetes and Cancer. Therefore, local funding must be used to target the three leading preventive causes of chronic disease; physical inactivity, poor nutrition and tobacco use.

**Chronic Disease and Inj. Section Activities Inventory
Mandated Task Forces**

Legislative Task Force/ Advisory Committee Schedule	Legislative Task Force Authority	Meeting Logistics (attendance, cost, etc..)	Outcomes
Advisory Committee On Cancer Coordination and Control (ACCCC) Meets 4 times per year	NC General Statute 130A-33	34 Members 6 Legislators 4 Reps of Medical Schools 6 Physician Group Reps 4 Reps of Associated Stakeholder Agencies 14 Partners 12 Staff Meetings also include multiple partners and stakeholders Avg. meeting cost for 100 attendees \$4,000	Lead, guide and direct use of the State Cancer Plan Policy formation and development Policy implementation Professional and Public Education
Justus-Warren HDSP Task Force Meets on average quarterly (2 times in the long session and 3 times in the short session)	N.C.G.S. Chapter 143B, Section 216.60	27 Members of Task Force reflect the state population with regard to ethnicity, race, age, gender, and geography; 1/3 appointed by Governor, 1/3 appointed by House, 1/3 appointed by Senate Average meeting costs for 27 members plus staff and resource persons = \$775.00	Legislation Committee sets the TF's legislative agenda and develops/endorsees legislation and funding to carry out TF recommendations. Public Awareness Committee oversees development and delivery of two campaigns. Management of Risk Factors Committee advises TF on issues re: disease management and secondary prevention. Prevention of Risk Factors Committee acts as a conduit for issues related to physical activity, nutrition, and tobacco.
NC Governor's Task Force for Healthy Carolinians. Meets biannually in May and October.	Executive Order # 91 (enacted September 27, 2005.	37 members. The Governor appoints 33 including the Chair. The President Pro Tempore of The Senate appoints two members of the Senate. The Speaker of the House of Representatives appoints two members of the House. Average costs of meetings: - Spring Meeting = \$650.00 - Fall Meeting (in conjunction with the Healthy Carolinians Conference and entails overnight) = \$2000.00	Establish and monitor North Carolina's 2010 health objectives. Advise the State Health Director and Secretary of DHHS on policies, program and resources needed to improve public's health. Provide certification for the local Healthy Carolinians Partnerships (74 certified partnerships covering 83 counties across the state). Review Preventative Health Block Grant and carry out the necessary functions of the advisory committee.

**Chronic Disease and Injury Section Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWTF	State	
Tobacco Prevention and Control	<p>The Tobacco Prevention and Control Branch works to prevent illness and death from tobacco use, NC's leading preventable cause of death by preventing initiation among young people; promoting tobacco cessation among youth and adults; eliminating exposure to secondhand smoke; and eliminating tobacco attributable health disparities. State supported programs (funding from HWTF) are for</p> <p>1) NC Tobacco Use Quitline services</p> <p>2) Teen Tobacco Use Prevention and Cessation.</p>	<p>1) Provides medical and professional support for the NC Tobacco Use Quitline</p> <p>2) Payment to a national vendor for quit-line calls from a selected population of youth/young adults, school personnel and primary caregivers of children under 18.</p> <p>3) One-time (2007) funding of \$250,000 for adult callers.</p> <p>4) Training and Technical Assistance to HWTF staff and grantees to augment the Teen Tobacco Prevention and Cessation program, including Tobacco Free Schools, Youth Tobacco Survey, and other HWTF approved tobacco use prevention and cessation for HWTF teen populations.</p>	<p>1) Staff provide training and technical assistance to health care providers, grantees and agencies who use the NC Quitline;</p> <p>2) Staff provides technical assistance and training for "gap counties" that do not have HWTF funding for teen tobacco use prevention and cessation and for HWTF grantees as detailed in a contract or as referred by HWTF Grants Managers.</p>	6.5 FTE HWTF		<p>HWTF \$545,652 TA</p> <p>\$750,000 Quitline youth</p> <p>\$250,000 Quitline Adults (NR)</p>

Chronic Disease and Injury Prevention Activities Inventory
Program Information

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Office of Healthy Carolinians Health Education	A certified, statewide network of community-based partnerships to improve the health of North Carolinians (HC) HC is a collaborative process that brings together community leadership in public health, hospitals, schools, churches, media, health and human service agencies, community members and elected officials. HC Partnerships conduct community health assessments, identify and establish health priorities based on NC 2010 Health Objectives, and develop/ implement programs to address the priorities, and mobilize resources. HC coordinates public health programs and other state programs at the community level to avoid duplication.	<p>1) Provides training support and technical assistance to local health departments and Healthy Carolinians partnerships for state mandated Community Health Assessment (CHA) reports in all counties.</p> <p>2) Reviews CHA and State of the County reports for LHD accreditation.</p> <p>3) Convene and support the work of the legislatively-mandated Governor's Task Force for Healthy Carolinians</p> <p>4) Certify and provide technical assistance to Healthy Carolinians Partnerships 5. Support the public health education workforce within the local health department.</p>	Periodic, non-recurring funds are distributed to HC Partnerships through local health departments using a Request for Application (RFA). The goal of Healthy Carolinians is to improve the health status of community members by establishing and supporting community-based, multi-agency partnerships that facilitate planning and implementation of projects that are guided by the NC 2010 Health Objectives.		7.35 FTE	<p>\$570,253 (R)</p> <p>\$1,000,000 (NR)</p>

**Chronic Disease and Injury Prevention Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Breast and Cervical Cancer Control Program	Provides breast and cervical cancer screening and diagnostic services to low income, uninsured and underserved women between 40 & 64 years of age (breast) and 18 & 64 years of age (cervical).		Supplemental funding for breast and cervical cancer screening (mammography, Pap smears, and other diagnostic activities) is being made available to all county or district Health Departments, community health clinics, and hospitals in North Carolina.			\$2,000,000 (these funds were allocated in the 2007 legislative session)
Comprehensive Cancer Program and the NC Advisory Committee on Cancer Coordination and Control	Assists in easing the burden of cancer for citizens of North Carolina through an integrated and coordinated approach to reducing the incidence and morbidity and mortality of cancer. This includes education and information on early detection, treatment, rehabilitation and palliative care.	<p>1) Convene and support the work of legislatively mandated NC Advisory Committee on Cancer Coordination and Control through Quarterly general committee meetings and ongoing subcommittee meetings</p> <p>2) Develop, monitor and report on a comprehensive, statewide plan to for cancer prevention, screening, treatment, and support services to ease the burden of cancer in North Carolina.</p>	Funding for tobacco coalition in the Ashe, Alleghany, Watauga Health District.		1	\$555,470

**Chronic Disease and Injury Prevention Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Cancer Assistance Unit (Purchase of Medical care Services - POMCS	The Cancer Assistance Unit provides reimbursement for medical care for low income, uninsured individuals.	Staff support to publicize program, process applications and assess program eligibility and distribute funds	Reimburses local health care providers (hospitals, clinics and physicians) for health care expenses directly related to cancer treatment for NC citizens without health insurance who are at or below 115% of the federal poverty level.		2.3	\$3,435,016

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Justus-Warren Heart Disease and Stroke Prevention Task Force	The Task Force provides guidance to the State and oversees funding and implementation of the five year North Carolina Plan to Prevent Heart Disease and Stroke in NC.	<p>1) Convene and support the work of the legislatively-mandated task force</p> <p>2) Develop, update and distribute a current profile of the burden and preventability of heart disease and stroke (NC Cardiovascular Disease Burden Document)</p> <p>3) Implement public awareness campaigns about the risk factors, protective behaviors and signs and symptoms of heart disease and stroke, 4. Develop, monitor and report on a comprehensive, statewide plan to prevent heart disease and stroke and related activities.</p>			2	\$858,160

**Chronic Disease and Injury Section Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Stroke Advisory Council of the Justus-Warren Heart Disease and Stroke Prevention Task Force	The Stroke Advisory Council (SAC), was mandated by the 2006 General Assembly, (House Bill 1860).	<p>1) Stroke related health care provider development, training, and communications initiatives among hospitals and emergency medical services</p> <p>2) Public awareness and communications campaign to target signs and symptoms of stroke and importance of immediately calling 9-1-1</p> <p>3) Survey to assess stroke prevention and treatment services in NC</p> <p>4) Support continued work of the SAC, 5. Maintain and recruit hospitals in the NC Collaborative Stroke Registry to improve performance measures for acute stroke care.</p>				\$540,000 (These funds were allocated in the 2007 legislative session)

**Chronic Disease and Injury Prevention Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Physical Activity and Nutrition	Reverse the rising tide of obesity and chronic disease among North Carolinians by helping them to eat smart, move more, and achieve a healthy weight.	Eat Smart, Move More - North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases State funds support staff to convene partners and stakeholders, implement the statewide components of the state plan and provide technical support to local communities	State funds, combined with limited federal funds provide small competitive grants to 20 communities to implement the goals and objectives of the ESMM state plan.		2.75	\$376,117
NC Statewide Health Promotion	The NC Statewide Health Promotion Program provides funding to 85 local health departments and districts to support community-based programs promoting policy and environmental changes that will support increased physical activity, healthy eating and tobacco cessation.		Funding to local health departments to support chronic disease prevention efforts in all 100 North Carolina counties. Funds must be used to increase physical activity and healthy eating and decrease tobacco use. Funds are often used to support a staff position in local health departments responsible for engaging community partners in creating local solutions.			\$935,190

**Chronic Disease and Injury Prevention Activities Inventory
Program Information**

Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Asthma	NC Asthma program seeks to reduce the burden of asthma in North Carolina through leadership, education and capacity building.	Augment CDC funded asthma grant to implement NC Asthma Plan (2007-2012).	Provide technical support to local asthma coalitions			\$60,505
Diabetes Prevention and Control	Pediatric Diabetes Program (ENERGIZE Curriculum) - In contract with select local health departments through an agreement addenda, this program uses the successful ENERGIZE curriculum, as having been implemented by WakeMed Health & Hospitals in an effort to address health indicators leading to diabetes. This program seeks to replicate the success of the WakeMed strategy through an RFA, which involves local health departments, pediatricians, hospitals, and other necessary non-profit partners on the local level. This ENERGIZE curriculum	State staff include the Branch Head, Diabetes Today Program Consultant, and the Program Evaluator - who work collaboratively with WakeMed staff in coordinating RFA process as well as quality improvement and evaluation.	Contracts with competitively selected health departments to implement the Wake Med ENERGIZE curriculum, which provides new approaches to nutrition, physical activity and family routines, among individuals at high risk for diabetes. New approaches include a comprehensive family involvement in the examination of regular routines including family meals, calorie-consciousness, exercise, and some individual counseling involving family as necessary.			\$250,000

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	has proven to reach children and adolescents with education, counseling, and new approaches to nutrition, physical activity and family routines, thereby impacting the risk of pre-diabetes diagnosis, leading to diabetes and all of its complications.					
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Program Name	Program Description	Program Activities		Staffing		State Funding
		State Funded State Activities	State Funded Local Activities	HWFT	State	
Diabetes Prevention and Control	Diabetes Today - Diabetes Today looks at diabetes from a public health perspective rather than exclusively as a medical problem. The Diabetes Today curriculum is grounded in the philosophy that people can take charge of diabetes at the local level. The curriculum serves as a guide for engaging community members, health professionals,	The state-funded staff person (Program Consultant) is in charge of monitoring quality program implementation as well as annual site visits to ensure compliance with CDC Diabetes Today programmatic standards. Local Health Departments are selected through an RFA process, which the consultant also manages. A review process discerns eligibility as well as funding amount for each accepted applicant.	Funding to competitively selected health departments to implement the Diabetes Today curriculum. The curriculum serves as a guide for engaging community members, health professionals, and community institutions in understanding and responding to the burden of diabetes.			\$348,067

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	and community institutions in understanding and responding to the burden of diabetes. Through the Diabetes Today training initiatives, the DPCP is reaching out to some of the state's most vulnerable populations who are also at greatest risk for diabetes.					
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