

Introduction

POLICY FORUM

Prevention for the Health of North Carolina

Prevention is often considered the single best answer to the problem of our health care system; every presidential candidate in 2008 promoted it as a central strategy in their plan to reform the US health care system to improve health and cut costs. Prevention appears to be the perfect “win-win” solution because people can become healthier and thus avoid seeing the doctor and incurring costs. The ultimate goal of prevention is to help individuals avoid death and disability by focusing on preventable health risk factors. Preventable risk factors include tobacco use, physical inactivity, poor nutrition, risky sexual behavior, alcohol and drug abuse, and injuries. In 2009 America’s Health Rankings listed North Carolina 37th out of 50 states for overall health status (1st being the best, 50th being the worse). Additionally, North Carolina ranks 47th for physically active adults, 45th in recommended childhood vaccinations, 42nd in race and ethnicity equity, 41st in obesity prevalence, and 37th in smoking prevalence. What better time to invest in prevention than now?

The trouble with this picture is that prevention isn’t such a clear winner when we examine preventive services in contrast to health promoting behaviors. Cost-effectiveness studies throw a bit of cold water on claims of clear cut benefits when the costs of screening and prophylaxis are factored in. There are real questions that need to be asked before we decide to invest in prevention at the expense of treatment.

This issue of the *North Carolina Medical Journal* touches on both strategies. The choice between preventive services and promoting health behaviors is not really at issue, though. There are reasons beyond cost-benefit that apply when it comes to letting people know what their risk for disease or death is, advising them to change behavior, and reducing potential threats to well-being and health. However, we are hard pressed at times to bring this all together into a coherent policy where government can lead and citizens follow; it seems that individuals may have as much responsibility to lead as the government, or even health and human service organizations. Citizens should take on this leadership role by looking beyond their individual behaviors and beliefs, and recognizing that they have a responsibility to positively impact their families, social networks, schools, worksites, and communities. Investing in prevention involves these interrelated constructs working together to build a system that supports and fosters healthy lifestyles.

This past year, the North Carolina Institute of Medicine (NCIOM) Task Force on Prevention examined the top 10 leading causes of death and disability and their relationship with preventable risk factors. Based on the Task Force’s findings, the *Prevention Action Plan* was published to be used as a guide for improving population health in North Carolina. This issue of the *Journal* highlights the *Prevention Action Plan* as well as North Carolina’s efforts to move prevention higher on the policy agenda. By recognizing that various levels of individual and societal determinants affect one’s health, we include a collection of commentaries from individual and organizational perspectives on how to incorporate prevention into the daily lives of North Carolinians.

We know that many of the leading causes of death and disability in North Carolina are preventable. We also know that addressing these risk factors will require a lot of time, effort, and collaboration on the parts of multiple stakeholders spanning across the state and encompassing individuals, families, neighborhoods, schools, worksites, communities, and public policies. Priorities will have to be weighed and cost-effectiveness will certainly have to be considered. The NCIOM’s *Prevention Action Plan* and this issue of the *Journal* attempt to balance the picture for prevention by calling attention to effective strategies for both addressing overall costs and for improving the health of all North Carolinians.

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