



Policy Strategy Platform 2011

February 2011

Background

Eat Smart, Move More North Carolina is a statewide movement that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, earn, play and pray. This movement is guided by the Eat Smart, Move More NC Leadership Team, composed of over sixty member organizations. The Leadership Team works to implement *North Carolina's Plan to Prevent Obesity, Overweight and Related Chronic Diseases*.

The choice of what we eat and how much we move is influenced by the environment in which we live. Often, that environment is shaped by policies. Therefore, policy is a cornerstone of environmental and behavior change. The Leadership Team has compiled this Policy Strategy Platform as a centralized location for policy recommendations that help to meet the goals in North Carolina's Obesity Prevention Plan.

Physical activity, nutrition and obesity are critical health issues in North Carolina. State Task Forces have been established and have made policy recommendations to make it easier for people to eat smart and move more. This Policy Strategy Platform provides a synthesis of the policy recommendations made by those Task Forces established over the previous five years. It is intended to provide a central location to find recommended policy strategies to address obesity.

Methodology

Strategies were compiled from key North Carolina task force recommendations made over the previous five years:

- North Carolina Institute of Medicine Task Force on Adolescent Health (2009)
- North Carolina Institute of Medicine Task Force on Prevention (2009)
- North Carolina Task Force on Preventing Childhood Obesity (2009)
- Legislative Task Force on Childhood Obesity (2010)

The recommendations in this platform are organized by categories established in the Center for Disease Control and Prevention's (CDC), *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. The recommendations are not listed in order of importance. The numbering system used in this document is solely for reference purposes.

The supporting documents are compiled from nationally recognized sources. This is not intended to provide all of the support for each recommendation, but a solid foundation that supports the evidence base for the recommendation. The information in the Policy Strategy Platform is reviewed and updated annually.

Definitions

Organizational Action: A synthesis of organizational actions that can be taken at a state or local level.

Legislative Action: A synthesis of recommended legislative action.

Cost: A summary of any costs identified by the task force when recommending the strategy.

Status: Legislative status of the policy recommendation taken directly from the North Carolina General Assembly Website.

Sources: A listing of the key North Carolina task forces that have recommended the policy strategy.

Support: References to key sources that support the strategy. This is not intended to be an exhaustive list of all the documents that provide support for the recommendations, but a solid foundation that supports the evidence base for the recommendation.

Updates

Regular legislative policy updates are available throughout the legislative session. The policy updates are for information only. They do not endorse specific policies. The information is provided to help the Eat Smart, Move More NC partners follow obesity prevention policies in North Carolina. If you would like to receive the policy updates, email Lori.Rhew@EatSmartMoveMoreNC.com

Eat Smart, Move More NC Policy Committee

This document was compiled by the Eat Smart, Move More NC Policy Committee. The Policy Committee works to educate, inform and bring together partners interested in physical activity, healthy eating and obesity related policy issues.

Committee members represent:

American Heart Association/North Carolina Affiliate
Association of North Carolina Boards of Health
East Carolina University
North Carolina Academy of Family Physicians
North Carolina Alliance for Health
North Carolina Pediatric Society
North Carolina State University
University of North Carolina at Asheville, North Carolina Center for Health and Wellness
WakeMed Health and Hospitals

The Policy Committee is staffed by the North Carolina Division of Public Health.

The Eat Smart, Move More NC Leadership Team Executive Committee:

Carolyn Dunn, Chair, North Carolina Cooperative Extension, North Carolina State University
David Gardner, Vice Chair, North Carolina Center for Health and Wellness, University of North Carolina at Asheville
Pam Seamans, Member at Large, North Carolina Alliance for Health
Maggie Sauer, Member at Large, North Carolina Medical Society Foundation
Kevin Cain, Member at Large, John Rex Endowment
Greg Griggs, Past Chair, North Carolina Academy of Family Physicians

Strategies to Promote the Availability of Affordable Healthy Food and Beverages Choices

1. Expand the Availability of Farmers Markets and Farm Stands at Worksites and Faith-Based Organizations

North Carolina's Obesity Prevention Plan Goals: 1b, 3a

Organizational Action: Employers and faith-based organizations should offer farmer's markets/farm stands at the workplace and in the faith community with a focus on serving low-income individuals and neighborhoods.

Legislative Action: None.

Cost: None.

Status: Not Available.

Source: NC Institute of Medicine Task Force on Prevention # 4.6

Support:

- Centers for Disease Control and Prevention. "The Community Guide to Preventive Services."¹
- University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention. Center of Excellence for Training and Research Translation Obesity Prevention Program.²
- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³

2. Expand the Capacity of Farmers Markets to Accept Electronic Bank Transfer (EBT) Cards

North Carolina's Obesity Prevention Plan Goals: 1a, 3a

Organizational Action: None.

Legislative Action: The General Assembly should enact legislation to direct the Department of Health and Human Services to seek proposals from qualified vendors to facilitate North Carolina's Farmers markets ability to accept EBT cards.

Cost: \$200,000 to issue a request for proposals from qualified vendors to facilitate the ability of local farmers markets to accept payments by electronic funds transfer.

Status: *HB 1776/ S1288 Electronic Funds Transfers/Farmers Markets*. Introduced in the 2010 session. Died. An Act to require the Department of Health and Human Services to issue a request for proposals to facilitate acceptance of payments by electronic funds transfer at local farmers markets, as recommended by the Legislative Task Force on Childhood Obesity.

Source: Legislative Task Force on Childhood Obesity #2

Support:

- Centers for Disease Control and Prevention. "The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables."⁴

3. Statewide Nutrition Standards, Test Strategies to Deliver Healthy Meals in Middle and High Schools and Ensure that all Foods and Beverage Available in School are Healthy

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 3a, 3c

Organizational Action: Organizations concerned with healthy eating in North Carolina, such as Eat Smart, Move More NC, the NC Health and Wellness Trust Fund, NC Prevention Partners, NC Alliance for Health, Healthy Carolinians, local Parent-Teacher Associations and Wellness Committees are encouraged to incorporate into their ongoing social marketing campaigns activities to inform citizens across the state of the new statewide minimum child nutrition standards.

North Carolina funders should develop a competitive request for proposals to fund a collaborative effort between the Department of Public Instruction and other partners to test the potential for innovative strategies to deliver healthy meals in middle and high schools while protecting/maintaining revenue for the Child Nutrition Program. Funders should require grant recipients to conduct an independent rigorous evaluation that includes cost.

Legislative Action: It is recommended that the NC General Assembly enact legislation to require the following: 1) The State Board of Education shall review and revise current minimum nutrition standards to meet recognized national standards, such as those adopted by the Alliance for Healthier Generation and the National Academy of Sciences Institute of Medicine, for elementary, middle and high schools. 2) The revised minimum nutrition standards shall be implemented in elementary schools by 2011-2012, in middle schools by 2012-2013, and in high schools by 2013-2014. 3.) Every three years, the State Board of Education (SBE) shall review and update as necessary the minimum nutrition standards to align with nationally recognized standards. The SBE shall also review and update standards as frequently as necessary to align with changes to federal law or the Dietary Guidelines for Americans. 4.) The minimum nutrition standards for school meals, a la carte foods and beverages, and items served in the After School Snack Program shall also be applied to all other candy, snacks, food, and beverages sold or offered to students during the instructional day that are not part of a school or birthday celebration. 5.) A public website shall be created to provide educational materials about the statewide nutrition standards and for concerned parents, students, teachers, and citizens to report possible inconsistencies in the implementation of the statewide nutrition guidelines.

It is recommended that an evaluation be conducted by the Program Evaluation Division of the NC General Assembly at the conclusion of the 2012-2013 school year regarding the implementation of the statewide standards in elementary schools and the use of the 5-cent supplement to purchase foods that meet the standard, and similar evaluations of implementation at the middle school level in 2013-2014, and the high school level in 2014-2015.

The NC General Assembly should direct the SBE to establish statewide nutrition standards for foods and beverages available in school operated vending machines, school stores, and other school operations, and should enact a law prohibiting the advertising or marketing of unhealthy foods or beverages in North Carolina schools.

Cost: It is recommended that funding to enable implementation of the minimum nutrition standards be provided beginning in 2011 to child nutrition programs in the form of a 5-cent per meal supplement over the first two years of implementation for elementary, middle and high schools, respectively, to offset higher costs of implementation and potential short-term decreases in revenue. (Legislative Task Force on Childhood Obesity).

Status: SB1152 Study Child Nutrition Program (Session Law 2010-115). An Act authorizing the Joint Legislative Program Evaluation Oversight Committee to direct the Program Evaluation Division to study indirect costs under child nutrition programs.

HB387/SB273 School Nutrition Program Funds. Introduced in 2009. Died. An Act to appropriate funds to ensure that child nutrition programs operating in the public schools have adequate funds to implement nutrition standards adopted by the State Board of Education for elementary schools, as recommended by the Joint Legislative Education Oversight Committee.

HB1756/SB1289 Update Statewide Nutrition Standards. Introduced in the 2009 session. Died. An Act directing the State Board of Education to update statewide nutrition standards for food and beverages available in public elementary, middle and high schools, as recommended by the Legislative Task Force on Childhood Obesity.

HB900 Nutrition Standards/ All Foods Sold at School. Introduced in the 2009 session. Died. An Act directing the State Board of Education to annually review nutrition standards for foods and beverages administered by the Department of Public Instruction and Child Nutrition Programs of local school administrative units and to require other food sale operations on the school campus during the instructional day to meet certain standards by the 2010 school year.

Source: NC Institute of Medicine Task Force on Prevention #4.1, #4.2; Task Force on Preventing Childhood Obesity #6, #8, #9; NC Institute of Medicine Task Force on Adolescent Health #10.2, Legislative Task Force on Childhood Obesity #6

Support:

- Centers for Disease Control and Prevention. “Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide.”³
- American Dietetic Association. “Position of the American Dietetic Association, School Nutrition Association and Society for Nutrition Education: Comprehensive School Nutrition Services”⁵
- Institute of Medicine, Standing Committee on Childhood Obesity Prevention. “Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth.”⁶
- Centers for Disease Control. “The Role of Schools in Preventing Childhood Obesity.”⁷
- American Dietetic Association. Position Paper: “Local Support for Nutrition Integrity in Schools”⁸
- Centers for Disease Control and Prevention. “School-Based Obesity Prevention Strategies for State Policymakers”⁹
- U.S. Department of Health and Human Services. “The Surgeon General’s Vision for a Healthy and Fit Nation 2010.”¹⁰
- Keystone Center. “Keystone Forum on Away From Home Foods: Opportunities for Preventing Weight Gain and Obesity.”¹¹

4. Expand and Enhance Supplemental Nutrition Assistance (SNAP) Education

North Carolina’s Obesity Prevention Plan Goals: 1a, 3a

Organizational Action: It is recommended that the NC Department of Health and Human Services (DHHS) immediately seek the technical assistance available from the United States Department of Agriculture (USDA) and other states to make North Carolina’s SNAP Ed program the model for the South.

Legislative Action: It is recommended that the General Assembly enact legislation to direct the NC DHHS to do all of the following: Expand the definition and use of in-kind resources to draw down additional federal funds to expand the SNAP-Ed program in North Carolina; Develop a three-year plan to expand and enhance the SNAP-Ed program;

Solicit SNAP-Ed proposals beginning in October 2010 for submission and funding of new local and state programs in April 2011. The proposals should be solicited from across the State and should emphasize social marketing techniques; Study the feasibility of placing the responsibility for the SNAP-Ed program at North Carolina State University and/or North Carolina A&T State University, the land grant institutions; and Report to the Legislative Task Force on Childhood Obesity by September 1, 2011.

Cost: Not Available.

Status: *SB1151 (Session Law 2010-160) Supplemental Nutrition Assistance Program.* An Act to direct the Division of Social Services of the Department of Health and Human Services to examine ways to expand and enhance the Supplemental Nutrition Assistance Program in North Carolina, as recommended by the Legislative Task Force on Childhood Obesity.

Source: Legislative Task Force on Childhood Obesity #1

Support:

- U.S. Department of Agriculture. "SNAP-ED Connection."¹²

5. Reduced Price Meals

North Carolina's Obesity Prevention Plan Goals: 1a, 3a, 3c

Organizational Action: None

Legislative Action: It is recommended that the General Assembly appropriate \$5.2 million to eliminate reduced-price meals.

Cost: \$5.2 million in Fiscal Year 2010-2011

Status: *H1774/S1285 Eliminate Reduced Price School Meals/Funds.* Introduced in 2010. Died. An Act to appropriate funds to the Department of Public Instruction to eliminate the cost of reduced price lunches for school children who qualify for reduced price meals, as recommended by the Legislative Task Force on Childhood Obesity.

Source: Legislative Task Force on Childhood Obesity # 4

Support:

- American Dietetic Association. "Position of the American Dietetic Association, School Nutrition Association, and Society for Nutrition Education: Comprehensive School Nutrition Services."⁵

6. State Matching Funds for United States Department of Agriculture (USDA) Reimbursable School Meal Program

North Carolina's Obesity Prevention Plan Goals: 1a, 3a, 3c

Organizational Action: It is recommended that entire \$7.2 million state match used to draw down federal funds be spent on food and food preparation costs.

Legislative Action: The entire \$7.2 million state match to draw down federal funds should be spent on food and food preparation costs in the child nutrition program rather than for Child Nutrition Directors.

Cost: \$5 million

Status: *HB1971/SB1339 National School Lunch Program/Funds.* An act to require the Department of Public Instruction to use a specified amount of Child Nutrition Program Funds as required state matching funds for meals under the National School Lunch Program, as recommended by the Legislative Task Force on Childhood Obesity.

Source: Legislative Task Force on Childhood Obesity #5

Support: Not applicable.

7. Promote Menu Labeling to Make Nutrition Information Available to Consumers

North Carolina's Obesity Prevention Plan Goals: 1a, 3c

Organizational Action: NC Division of Public Health and NC Prevention Partners to work collaboratively with the NC Restaurant and Lodging Association and other partners to provide technical assistance

Legislative Action: If menu labeling is not implemented by a substantial portion of restaurants within three years the state should seek mandatory labeling laws. The NC Division of Public Health should work with other organizations around the country to draft model legislation to promote national standards for menu labeling.

Cost: Not Available.

Status: *HB 1273 DHHS/Tech. Assistance for Menu Labeling.* Introduced in 2009. Died. An Act to require the Division of Public Health to collaborate with the NC Prevention Partners and local restaurant associations to encourage nutritional and caloric menu labeling in restaurants, as recommended by the NC Task Force on Preventing Childhood Obesity.

Source: NC Institute of Medicine Task Force on Prevention #4.7, NC Task Force on Preventing Childhood Obesity #13, Legislative Task Force on Obesity Prevention #13

Support:

- Keystone Center. "Keystone Forum on Away From Home Foods: Opportunities for Preventing Weight Gain and Obesity."¹¹
- U.S. Food & Drug Administration, "Calories Count: Report of the Working Group on Obesity."¹³

8. Increase the Availability of Obesity Screening and Counseling

North Carolina's Obesity Prevention Plan Goals: 1a, 2

Organizational Action: Insurers, payers and employers should cover Body Mass Index (BMI) screening and counseling on nutrition and/or physical activity for adults who are identified as obese. Primary care providers should screen adult patients for obesity using a BMI and provide high-intensity counseling either directly or through referral on nutrition, physical activity, and other strategies to achieve and maintain a healthy weight.

Legislative Action: None.

Cost: Not Available.

Status: Not Available.

Source: NC Institute of Medicine Task Force on Prevention #4.11

Support:

- U.S. Department of Health and Human Services. "The Surgeon General's Vision for a Healthy and Fit Nation 2010."¹⁰
- American Dietetic Association Food & Nutrition Information. "Evidence Mounts on the Effectiveness of Medical Nutrition Therapy."¹⁴
- U.S. Preventive Services Task Force, "Screening for obesity in adults: recommendations and rationale."¹⁵

9. Expand the Community Care of North Carolina (CCNC) Childhood Obesity Prevention Initiative

North Carolina's Obesity Prevention Plan Goals: 1a, 2, 3a, 3d, 3f, 4b

Organizational Action: None.

Legislative Action: It is recommended that the NC General Assembly direct the Department of Health and Human Services (DHHS) to explore the possibility of requiring Community Care of North Carolina (CCNC) to implement body mass index (BMI) screening for children participating in Medicaid or the Health Choice for Children Program, who are at risk of becoming obese and developing diabetes or other chronic diseases; and to require CCNC networks to collaborate with local health departments, county departments of social services, Eat Smart Move More Coalitions, and local education agencies on ways to decrease BMI levels in children and youth. The plans developed by DHHS must include establishing performance goals within each CCNC network which will include: 1) Care management for children at-risk; and 2) annual BMI testing to identify the percentage of children who have a BMI test and the percentage of children who have a decrease in BMI. The NC DHHS must ensure the privacy and integrity of information collected. Additionally, in the development of a plan to collect BMI, DHHS should explore data collection through programs like Fitnessgram, a fitness assessment and reporting program for youth that includes health-related physical fitness tests to assess aerobic capacity, muscular strength, muscular endurance, and flexibility, and body composition.

Cost: Not Available.

Status: *SB900 (Session Law 2010-152 Part XVII) Studies Act of 2010.* Department of Health and Human Services, Division of Medical Assistance, to study the feasibility of requiring providers enrolled in Community Care of North Carolina to implement Body Mass Index screening for children at risk of becoming obese and who are receiving Medicaid or participating in North Carolina Health Choice for Children Program.

Source: NC Institute of Medicine Task Force on Prevention #4.12, NC Institute of Medicine Task Force on Adolescent Health #10.5, Legislative Task Force on Childhood Obesity #11

Support:

- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³
- American Medical Association. "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report."¹⁶
- Institute of Medicine of the National Academies. "Preventing Childhood Obesity, Health in the Balance."¹⁷

10. Farm to School Programs

North Carolina's Obesity Prevention Plan Goals: 1a, 3a, 3c

Organizational Action: None.

Legislative Action: It is recommended that the NC General Assembly enact legislation to establish a dedicated Farm to School position in the NC Department of Agriculture. The duties of this position shall include the following: Increase the educational components of the NC Farm to School program; Develop and maintain a list of farmers interested in selling to school systems; Encourage more school systems to participate in the NC Farm to School program; Expand the current efforts of participating school systems in the NC Farm to School program; Provide technical assistance to farmers on participation in the NC Farm to School program; Seek opportunities to standardize the small purchase threshold for Child Nutrition to facilitate school systems to buy from local farmers; Work with NC DPI to create NC Farm to School curriculum materials and/or revise existing materials to correlate with the NC Standard Course of Study; Collaborate with the NC Child Nutrition Program, NC Division of Public Health, and other groups working in the area of child nutrition.

The Task Force recommends that the General Assembly enact legislation requiring the NC Department of Agriculture to report annually on the NC Farm to School program, including information on participation rates, amount and types of produce purchased, education, and expansion efforts. The report shall be made to the Task Force on Childhood Obesity, the Joint Legislative Education Oversight Committee, the Joint Legislative Health Care Oversight Committee, the Chair of the House Committee on Agriculture, and the Chair of the Senate Committee on Agriculture, Environment and Natural Resources.

Cost: Not Available.

Status: *SB897 (Session Law 2010-31 Section 11.5) Appropriations Act of 2010.* Reclassify one vacant position in the Department of Agriculture and Consumer Services for the NC Farm to School Program.

Source: Legislative Task Force on Childhood Obesity #8

Support:

- Centers for Disease Control and Prevention. "The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables."⁴

Strategies to Encourage Breastfeeding

11. Support Breastfeeding in the Workplace

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 3b

Organizational Action: The State Personnel Commission is encouraged to support State employees that decide to breastfeed.

Legislative Action: None.

Cost: Not Available.

Status: Not Available.

Source: Legislative Task Force on Childhood Obesity #15

Support:

- Centers for Disease Control and Prevention. “Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide.”³
- U.S. Department of Health and Human Services. “The Surgeon General’s Vision for a Healthy and Fit Nation 2010”¹⁰
- U.S. Department of Health and Human Services, Health Resources and Services Administration. “The Business Case for Breastfeeding.”¹⁸
- Association of Women’s Health, Obstetric, and Neonatal Nurses. “Breastfeeding and Lactation in the Workplace.”¹⁹
- U.S. Department of Health and Human Services. “The Surgeon General’s Call to Action to Support Breast Feeding”²⁰

Strategies to Encourage Physical Activity or Limit Sedentary Activity among Children and Youth

12. Implement Quality Physical Education and Healthful Living in Schools

North Carolina’s Obesity Prevention Plan Goals: 1a, 4b

Organizational Action: NC State Board of Education (SBE) to work with staff members in the NC Department of Public Instruction (DPI) to develop cost estimates for five-year phase in to be reported to the NC General Assembly and Education Oversight Committee. Following phase-in, report annually to the Education Oversight Committee regarding the Physical Education Program and Healthy Active Children Policy.

Legislative Action: Require that SBE implement five-year phase-in requirement of Quality Physical Education by 2013 that includes: 150 minutes of elementary school physical education weekly; 225 minutes of Healthful Living curriculum in middle schools, 2 units of Healthful Living as graduation requirement in high schools. SBE to be required to annually report to the Education Oversight Committee.

Cost: Funding for full implementation by 2013 should be determined. (NC Task Force on Preventing Childhood Obesity)

Status: *HB1757 (Session Law 2010-161) Fitness Testing in Schools.* An Act to direct the State Board of Education to develop guidelines for public schools to use evidence-based fitness testing for students statewide in grades kindergarten through eight as recommended by the Legislative Task Force on Childhood Obesity.

HB1373 Phase in Physical Education Requirements. Introduced in 2009. Died. An Act directing the State Board of Education to adopt and phase in a Required Physical Education Program.

Source: NC Institute of Medicine Task Force on Prevention #4.3 (Priority Recommendation), NC Task Force on Preventing Childhood Obesity #15 (Immediate Priority Recommendation)

Support:

- Centers for Disease Control and Prevention. “The Community Guide to Preventive Services.”¹
- Centers for Disease Control and Prevention. “Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide.”³
- Centers for Disease Control. “The Role of Schools in Preventing Childhood Obesity.”⁷
- Centers for Disease Control and Prevention. “School-Based Obesity Prevention Strategies for State Policymakers.”⁹

- National Association for Sport and Physical Education. "What Constitutes a Quality Physical Education Program?"²¹

Strategies to Create Safe Communities that Support Physical Activity

13. Expand Community Grants Program to Promote Physical Activity

North Carolina's Obesity Prevention Plan Goals: 1a, 1b

Organizational Action: NC Division of Public Health to expand the community grants program to support community efforts to assist 15 local communities in developing and implementing Active Living Plans. Funding should be used to support community efforts that will expand the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.

Legislative Action: The NC General Assembly should appropriate \$3.3 million annually for five years beginning in SYF 2011 to the NC Division of Public Health to expand the community grants program. If successful, the NC General Assembly should expand funding to replicate successful efforts in other parts of the state.

Cost:

- \$3.3 annually for five years beginning in SFY 2011 to the Division of Public Health (NC Institute of Medicine Task Force on Prevention, NC Task Force on Preventing Childhood Obesity).
- NC Division of Public Health should allocate 10% of funds for an independent evaluation of these projects (NC Institute of Medicine Task Force on Prevention).

Status: *HB1469 Funds/Grants for Active Living Plans*. Introduced in 2009. Died. An Act to appropriate funds to the Department of Health and Human Services, Division of Public Health, to assist in the development and implementation of active living plans in communities, as recommended by the NC Task Force on Preventing Childhood Obesity.

Source: NC Institute of Medicine Task Force on Prevention #4.10, NC Task Force on Preventing Childhood Obesity #16

Support:

- Centers for Disease Control and Prevention. "The Community Guide to Preventive Services."¹
- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³
- U.S. Department of Health and Human Services. Office of the Surgeon General. "Overweight and Obesity: A Vision for the Future."²²
- Institute of Medicine, Standing Committee on Childhood Obesity Prevention: "Special Report: Does the Built Environment Influence Physical Activity?"²³

14. Build Active Living Communities

North Carolina's Obesity Prevention Plan Goals: 1b, 4a, 4b

Organizational Action: NC Department of Transportation (DOT) continue development of the Safe Routes to School program, continue to pursue federal funding opportunities, and to make efficient and effective use of this funding to ensure sufficient mechanisms are in place to encourage children to walk to school.

The Legislative Task Force on Obesity supports the Complete Streets efforts of the NC DOT and recommends collaboration between the NC DOT and the NC DHHS to create healthy environments in North Carolina.

NC Division of Parks and Recreation to expand the existing Adopt-A-Trail grant program which provides grants to governmental agencies and non-profit organizations for trail and greenway planning, construction and maintenance projects.

Legislative Action: NC General Assembly should appropriate an additional \$1.5 million to the NC Division of Parks and Recreation for the Adopt-A-Trail grant program.

Cost: \$1.5 million annually beginning in SFY 2011 (NC Institute of Medicine Task Force on Prevention)

Status: *HB1120 Funds for Adopt-A-Trail Program.* Introduced in 2009. Died. An Act to appropriate funds for the Adopt-A-Trail Program.

Source: NC Institute of Medicine Task Force on Prevention #4.8, NC Task Force on Preventing Childhood Obesity #21, Legislative Task Force on Childhood Obesity #12

Support:

- Centers for Disease Control and Prevention. "The Community Guide to Preventive Services."¹
- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³
- U.S. Department of Health and Human Services. "The Surgeon General's Vision for a Healthy and Fit Nation 2010"¹⁰
- Institute of Medicine, Standing Committee on Childhood Obesity Prevention: "Special Report: Does the Built Environment Influence Physical Activity?"²⁴

15. Establish Joint-Use Agreements to Expand Use of School and Community Recreational Facilities

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 4a, 4b

Organizational Action: Local government agencies, including schools, parks and recreation, health departments, county commissioners and municipalities, and other relevant organizations should work together to develop joint-use agreements which would expand the use of school facilities for after-hours community physical activity and which would make community facilities available to schools. The State Board of Education should encourage the Department of Public Instruction to provide recommendations for building joint park and school facilities, and include physical activity space in the facility needs survey for 2010 and subsequent years.

Legislative Action: None.

Cost: Not Available.

Status: *HB1471 (Session Law 2009-334) Counties & School Share P.E. Equipment.* An Act directing the State Board of Education to encourage local boards of education to enter into agreements with local governments and other entities regarding the joint use of their facilities for physical activity.

Source: NC Institute of Medicine Task Force on Prevention #4.9, NC Task Force on Preventing Childhood Obesity #19, #20, NC Institute of Medicine Task Force on Adolescent Health #10.3

Support:

- Centers for Disease Control and Prevention. "The Community Guide to Preventive Services."¹
- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³
- U.S. Department of Health and Human Services. "The Surgeon General's Vision for a Healthy and Fit Nation 2010."¹⁰
- Institute of Medicine, Standing Committee on Childhood Obesity Prevention: "Special Report: Does the Built Environment Influence Physical Activity?"²⁴

Strategies to Develop Capacity and Support for Obesity Prevention

16. Implement the Eat Smart, Move More NC Plan in Local Communities to Comprehensively Expand Obesity Prevention

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 2

Organizational Action: NC Division of Public Health and partner organizations to work with local communities and organizations to encourage full implementation of plan for combating obesity in selected local communities and identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted statewide.

Legislative Action: The NC General Assembly should appropriate \$6.5 million in recurring funds beginning in SFY 2011 to the Division of Public Health (DPH) to implement evidence-based strategies or best and promising practices in local communities to improve nutrition and increase physical activity. The General Assembly should appropriate \$3.5 million over five years to support more comprehensive demonstration projects aimed at promoting multi-faceted interventions in preschools, local communities, faith communities, and health care settings, and \$500,000 to fund pilot programs of up to \$100,000 per year to reduce overweight and obesity among adolescents. The General Assembly should appropriate additional funds to support a social marketing campaign.

Cost: See Specific Task Force Recommendations.

Status: *HB774/SB240 Fund High Priority Public Health Initiatives.* Introduced in 2009. Died. An Act to appropriate funds to implement high priority public health initiatives, as recommended by the Public Health Study Commission.

Source: NC Institute of Medicine Task Force on Prevention # 4.5 (Priority Recommendation)
NC Institute of Medicine Task Force on Adolescent Health #10.4, NC Task Force on Preventing Childhood Obesity #1 (Immediate Priority Recommendation)

Support:

- Centers for Disease Control and Prevention. "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."³

17. Promote Healthy Workplace Initiatives in State Agency Workplaces

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 3a, 3c, 3f, 4a

Organizational Action: The NC Division of Public Health should offer technical assistance to state agency workplaces for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children. The NC Department of Public Instruction should assist with these efforts in schools.

Legislative Action: None.

Cost: \$337,000 to NC Division of Public Health and \$77,000 to Department of Public Instruction annually.

Status: *SB977 Obesity Prevention in Public Schools*. Introduced in the 2009 session. An Act to establish an obesity prevention program in the public schools. Section 14 – 16 of the act went into effect for SFY 2009-2010.

Source: NC Task Force on Preventing Childhood Obesity Recommendation #12

Support:

- Centers for Disease Control and Prevention. “The Community Guide to Preventive Services.”¹
- Centers for Disease Control and Prevention. “Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide.”³
- Centers for Disease Control. “The Role of Schools in Preventing Childhood Obesity.”⁷
- Institute of Medicine of the National Academies. “Preventing Childhood Obesity, Health in the Balance.”¹⁷

18. Implement Evidence-based Curricula for Healthful Living Standard Course of Study

North Carolina’s Obesity Prevention Plan Goals: 1a

Organizational Action: Implement evidence-based curricula for Healthful Living Standard Course of Study. NC Department of Public Instruction (DPI) to identify appropriate evidence-based curricula that meets the objectives of the Healthful Living Standard Course of Study. DPI and partners should disseminate information about these curricula to Local Education Agencies (LEA), giving priority to those curricula that have been subject to rigorous testing and demonstrated positive changes in student behavior. State Board of Education (SBE) to require DPI to examine existing Healthful Living Standard Course of Study to determine whether modifications are needed to the yearly objectives to enable LEA’s to have the time to implement evidence-based curricula.

Legislative Action: NC General Assembly should require all schools to use evidence-based curricula which have been demonstrated to change student behavior whenever available to meet the goals of the Healthful Living Standard Course of Study and appropriate \$1.5 million in recurring funds to DPI to provide grants to local education agencies to support implementation. If funding is not sufficient, priority in funding should be given to schools with higher populations of at-risk youth and/or greater identified need.

Cost: \$1.5 million annually (NC Institute of Medicine Task Force on Adolescent Health).

Status: No Action.

Source: NC Institute of Medicine Task Force on Adolescent Health #5.4, NC Institute of Medicine Task Force on Prevention #12.2

Support:

- Centers for Disease Control. “The Role of Schools in Preventing Childhood Obesity”⁷
- Centers for Disease Control and Prevention. “School-Based Obesity Prevention Strategies for State Policymakers.”⁹
- Institute of Medicine of the National Academies. “Preventing Childhood Obesity, Health in the Balance.”¹⁷

19. Establish a Full Time Healthful Living Coordinator in Each Local Education Agency

North Carolina's Obesity Prevention Plan Goals: 1a

Organizational Action: Direct and fund each local education agency to establish one full time Healthful Living Coordinator to address childhood obesity prevention in schools with a Coordinated School Health Program

Legislative Action: NC General Assembly to Direct and Fund.

Cost:

- \$8.6, \$5.7 and \$2.9 million over years 1, 2 and 3 (NC Task Force on Childhood Obesity);
- \$1.64 million in recurring funds beginning in SFY 2011 increased by an additional \$1.64 million in recurring funds in each of the following six years (SFY 2012-2017) for a total of \$11.5 millions recurring to support these positions (NC Institute of Medicine Task Force on Adolescent Health);
- The NC General Assembly should appropriate \$1.5 million in recurring funds beginning SFY 2011 increased by an additional \$1.5 million in recurring funds in each of the following years (SFY 2012-2017) for a total of \$12 million recurring funds to support these positions (Task Force on Prevention).

Status: *HB1128 Funds for Healthful Living Coordinators*. Introduced in 2009. Died. An Act to appropriate funds for Healthful Living Coordinators for the public schools.

Source: NC Task Force on Preventing Childhood Obesity #4 (Immediate Priority Recommendation) NC Institute of Medicine Task Force on Adolescent Health # 5.2; NC Institute of Medicine Task Force on Prevention #12.1

Support:

- Centers for Disease Control. "The Role of Schools in Preventing Childhood Obesity."⁷
- Institute of Medicine of the National Academies. "Preventing Childhood Obesity, Health in the Balance."¹⁷

20. Physical Activity and Nutrition in Child Care Centers and After-School Programs

North Carolina's Obesity Prevention Plan Goals: 1a, 1b, 3a, 3f, 4b

Organizational Action: The NC Division of Public Health and the NC Partnership for Children should expand dissemination of evidence-based approaches for improved physical activity and nutrition standards in preschools using NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care).

NC Child Care Commission should assess process and funding needed for child care centers to incorporate healthy eating and physical activity practices as quality indicators in NC's Five Star Rating system for licensed childcare centers.

After-School programs should adopt the *Move More North Carolina: Recommended Standards for After-School Physical Activity*. State agencies should require it of after-school programs that receive state or federal funding administered by the state and the NC Department of Public Instruction and NC Center for Afterschool Programs should encourage other after-school programs to adopt the Standards.

The Division of Child Development and the Division of Public Health should work together to ensure that the regulations governing Child Care and the regulations governing CACFP are not in conflict and support the goal of significantly enhancing the nutrition standards governing facilities servicing children.

Legislative Action: It is recommended that the General Assembly enact legislation to direct the Division of Child Development to work with the Child Care Commission to include in the Child Care Rules all of the following: Sugar sweetened beverages shall not be served at Child Care Centers or Homes regulated by the Division of Child Development; Reduced fat milk (skim or 1%) shall be served to children older than two years of age at Child Care Centers or Homes regulated by the Division of Child Development; and Juice shall be limited to a total of four to six ounces per day for children over one year of age at Child Care Centers or Homes regulated by the Division of Child Development.

It is recommended that the General Assembly enact legislation to direct the Division of Child Development to examine the current levels of physical activity that children receive in child care facilities and review model physical activity guidelines. The Division of Child Development shall report on findings and recommendations for increasing physical activity levels in child care facilities, with a goal of reaching model guidelines, to the Legislative Task Force on Childhood Obesity if reestablished, to the Public Health Committee and to the Fiscal Research Division.

Cost: Not Available.

Status: *HB1726 (Session Law 2010-117) Improve Child Care Nutrition/Activity Standards.*

An Act to require the Child Care Commission, in consultation with the Division of Child Development of the Department of Health and Human Services, to develop improved nutrition standard for child care facilities, to direct the Division of Child Development to study and recommend guidelines for increased level of physical activity in child care facilities, and to direct the Division of Public Health to work with other entities to examine and make recommendations for improving nutrition standards in child care facilities.

Source: NC Institute of Medicine Task Force on Prevention #4.4, NC Task Force on Preventing Childhood Obesity #10, #11, Legislative Task Force on Obesity #3

Support:

- University of North Carolina at Chapel Hill. Center for Excellence for Training and Research Translation, Obesity Prevention.²
- Institute of Medicine of the National Academies. "Preventing Childhood Obesity: Health in the Balance."¹⁷
- American Dietetic Association, "Nutrition Guidance for Healthy Children Aged 2-11 years."²⁶

21. Implement Social Marketing Campaign to Raise Public Awareness and Promote Healthy Physical Activity and Nutrition Behaviors and Environments

North Carolina's Obesity Prevention Plan Goals: 3a-f, 4a, 4b

Organizational Action: Implement social marketing campaign to raise public awareness and promote healthy physical activity and nutrition behaviors and environments in schools, homes and the community. Campaign messages to guide state efforts against obesity should be based on behaviors identified by the Center for Disease Control and Prevention. NC Division of Public Health, NC Health and Wellness Trust Fund, NC Department of Public Instruction to implement campaign.

Legislative Action: NC General Assembly should appropriate \$16 million annually to the NC Division of Public Health to work with the NC Health and Wellness Trust Fund and the NC

Department of Public Instruction for expansion and evaluation of social marketing campaign. A portion of the funding should be used for evaluation.

Cost: \$16 million annually (NC Task Force on Preventing Childhood Obesity)

Status: No Action.

Source: NC Institute of Medicine Task Force on Prevention #4.5, NC Task Force on Preventing Childhood Obesity #2

Support:

- Centers for Disease Control and Prevention. "The Community Guide to Preventive Services."¹
- Institute of Medicine, Standing Committee on Childhood Obesity, Preventing Childhood Obesity: Health in the Balance (2005).¹⁷
- American Dietetic Association, "Nutrition Guidance for Healthy Children Aged 2-11 years."²⁶

22. Continue the Task Force on Childhood Obesity

North Carolina's Obesity Prevention Plan Goals: 1a

Organizational Action: None.

Legislative Action: It is recommended that the General Assembly enact legislation to continue the Task Force on Childhood Obesity.

Status: No Action.

Source: Legislative Task Force on Childhood Obesity #14

Success: Policies Passed in Support of Eating Smart and Moving More

Several policy recommendations have passed into law or been made into organizational policy. Learn more about each policy by going to the NC General Assembly Web Site and looking up the bill at www.ncga.state.nc.us/.

Strategies to Promote the Availability of Affordable Healthy Food and Beverages

SB1152 (Session Law 2010-115) Study Child Nutrition Program. An Act authorizing the Joint Legislative Program Evaluation Oversight Committee to direct the Program Evaluation Division to study indirect costs under child nutrition programs.

SB1151 (Session Law 2010-160) Supplemental Nutrition Assistance Program. An Act to direct the Division of Social Services of the Department of Health and Human Services to examine ways to expand and enhance the Supplemental Nutrition Assistance Program in North Carolina, as recommended by the Legislative Task Force on Childhood Obesity.

SB900 (Session Law 2010-152 Part XVII) Studies Act of 2010. Department of Health and Human Services, Division of Medical Assistance, to study the feasibility of requiring providers enrolled in Community Care of North Carolina to implement Body Mass Index screening for children at risk of becoming obese and who are receiving Medicaid or participating in North Carolina Health Choice for Children Program.

SB897 (Session Law 2010-31 Section 11.5) Appropriations Act of 2010. Reclassify one vacant position in the Department of Agriculture and Consumer Services for the NC Farm to School Program.

SB1067 (Session Law 2009-530). Sustainable Local Food Policy Council/Goal. An Act to establish the North Carolina Sustainable Local Food Advisory Council to address program and policy considerations regarding the development of a sustainable local food economy in North Carolina.

Strategies to Encourage Physical Activity or Limit Sedentary Activity among Children and Youth

HB1757 (Session Law 2010-161) Fitness Testing in Schools. An Act to direct the State Board of Education to develop guidelines for public schools to use evidence-based fitness testing for students statewide in grades kindergarten through eight as recommended by the Legislative Task Force on Childhood Obesity.

HB901 (Session Law 2010-35) Honors Courses in Healthful Living Classes. An Act directing the State Board of Education to develop or identify academically rigorous honors-level courses in Healthful Living Education that can be offered at the High School Level.

Strategies that Create Safe Communities that Support Physical Activity

SB897 (Session Law 2010-31 Section 13.5) Appropriations Act of 2010. Sustainable Communities Task Force.

HB1471 (Session Law 2009-334) Counties & School Share P.E. Equipment. An Act directing the State Board of Education to encourage local boards of education to enter into agreements with local governments and other entities regarding the joint use of their facilities for physical activity.

HB148 (Session Law 2009-527). Congestion Relief/Intermodal Transport Fund. An Act to establish a congestion relief and intermodal transportation 21st Century Fund; to provide for allocation of those funds to: (1) local governments and transportation authorities for public transportation purposes, 2) short-line railroads, for assistance in maintaining and expanding freight service statewide, 3) railroads for intermodal facilities, multimodal facilities, and inland ports, 4) make capital improvements on rail lines to allow improved freight service to the ports and military installations, (5) expand intercity passenger rail service, to extend levels of local transit funding authorization to three urban regions; and to allow other local governments options for local transit funding.

Strategies to Develop Capacity and Support for Obesity Prevention

HB1726 (Session Law 2010-117) Improve Child Care Nutrition/Activity Standards. An Act to require the Child Care Commission, in consultation with the Division of Child Development of the Department of Health and Human Services, to develop improved nutrition standard for child care facilities, to direct the Division of Child Development to study and recommend guidelines for increased level of physical activity in child care facilities, and to direct the Division of Public Health to work with other entities to examine and make recommendations for improving nutrition standards in child care facilities.

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