



Policy Strategy Platform

November 1, 2009

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. The shared vision among the approximately sixty partner organizations is a North Carolina where healthy eating and active living are the norm rather than the exception. The Eat Smart, Move More Leadership Team works to change policies, practices and environments to make eating smart and moving more possible for all North Carolina citizens.

The Eat Smart, Move More Policy Strategy Platform outlines the current policy issues most crucial to the movement's mission to 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. It is intended to assist all of the members of the Eat Smart, Move More leadership team in their advocacy efforts by conveying the coalition's policy priorities and providing some basic information about each policy strategy.

This platform draws primarily upon *Eat Smart Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases*, and from policy recommendations of four key reports that address obesity prevention in North Carolina: the North Carolina Institute of Medicine Adolescent Task Force, North Carolina Institute of Medicine Prevention Task Force, North Carolina Task Force on Preventing Childhood Obesity, and North Carolina Health and Wellness Trust Fund's report on Childhood Obesity in North Carolina. The platform includes only the policy recommendations from these reports that specifically advance the goals of Eat Smart, Move More North Carolina. In drawing from these reports, the Eat Smart, Move More Policy Strategy Platform clearly demonstrates a strong consensus among influential North Carolina groups involved in obesity-related issues for these policy recommendations. The majority of the Eat Smart, Move More policy strategies are also recommended in the CDC's recently published report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

The information included in the Eat Smart, Move More Policy Strategy Platform is intended to provide a brief overview of each policy strategy. It is organized according to six descriptive categories. Each policy strategy is numbered for clarity only—there is no order of priority. Supporting each policy strategy is the following information:

General Action: A description of recommended action that can be taken to advance the strategy through organizational policy change at a state or local level.

Legislative Action: A description of legislative action that can be taken to advance the policy strategy at a state level.

Cost: A summary of any costs identified by the task forces, coalitions or organizations who recommended the strategy

Sources: A listing of the key task forces, coalitions and organizations that have recommended the policy strategy in recent reports

Evidence: References to key evidence sources in support of the efficacy of the strategy

Current Status: Current legislative status of the policy recommendation, if applicable. To be expanded in the future to include status of other types of policy change.

The policy strategies in this agenda were carefully selected to represent the diverse group of interests that comprise the Eat Smart, Move More Leadership Team. It includes strategies that can be implemented in schools, worksites, communities, and at the state level. It encompasses approaches that focus on nutrition and access to healthy foods in the community and in schools, physical education and activity for both children and adults, community design that promotes physical activity, health education in schools, and more.

Overweight and obesity is a multi-faceted problem that can be approached from a wide variety of angles. By uniting around the specific issues identified in the Eat Smart, Move More Policy Strategy Platform, the Eat Smart, Move More North Carolina leadership team can work together more effectively to achieve their common goals.

This document will be periodically updated. The most recent version will be maintained on the Eat Smart, Move More NC Website. www.EatSmartMoveMoreNC.com. Search on Policy Platform. To provide the Executive Committee with feedback or status updates, please contact us at ESMMPolicy@EatSmartMoveMoreNC.com.

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Strategies to Promote the Availability of Affordable Healthy Food and Beverages

1. *Expand the Availability of Farmers Markets and Farm Stands at Worksites and Faith-Based Organizations (ESMM Goals 1b, 2, 3a & e)*

- **General 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:** n/a
- **Cost:** n/a
- **Source:** NCIOM Task Force on Prevention Recommendation 4.6; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 1, 5.
- **Evidence:** 1. Community Guide to Preventive Services; 2. CDC Weight Management Research to Practice; 3. Center of Excellence Obesity Prevention Program
- **Current Status:** SB 1067 NC Sustainable Food Policy Council may address this issue—awaiting Governor's signature

2. *Create An Interagency NC Local Food Policy Council (ESMM Goals 1a, 3a)*

- **General Action:** Center for Environmental Farming Systems and its many partners through the NC Farm to Fork Initiative work with key legislators and governor to create council to develop interagency plans and state policy recommendations to promote availability and affordability of more locally/state produced healthier foods and beverages.
- **Legislative Action:** Governor/Legislature to create and direct the Council
- **Cost:** None except for personnel involved in the council
- **Sources:** NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; NC Farm to Fork Initiative; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 5, 6, 24.
- **Evidence:** 4. Center for Excellence for Training and Research Translation; 5. IOM, The Public Health Effects of Food Deserts: Workshop Summary; 6. American Dietetic Association Position Paper
- **Current Status:** SB 1067 Sustainable Local Food Policy Council has been signed by Governor

Strategies to Support Healthy Food and Beverage Choices

3. *Implement Child Nutrition Standards In All Elementary Schools and Test Strategies to Deliver Healthy Meals in Middle and High Schools (ESMM Goals 1a&b, 2, 3a)*

- **General Action:**

- School districts and individual schools: implement State Board of Education-adopted nutrition standards. Districts to receive support from NCGA if district is in full compliance with SBE policy and not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three month operating balance.

- North Carolina funders should develop a competitive request for proposals to fund a collaborative effort between DPI 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:** NC General Assembly: appropriate \$20 million in recurring funds to NCDPI to support full and consistent implementation of SBE-adopted nutrition standards in elementary schools.

- **Cost:** \$20 million in recurring funds

- **Sources:** NCIOM Task Force on Prevention Recommendation 4.1; NC Task Force on Preventing Childhood Obesity Recommendation #6 (Immediate Priority Recommendation); NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 1, 7.

- **Evidence:** 7. American Dietetic Association Position Paper(s) 8. Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity (AMA, HRSA, CDC) 9. IOM Standing Committee on Childhood Obesity Prevention 10. CDC Healthy Youth Key Strategy to Prevent Obesity #4; 11. American Dietetic Association Position Paper(s); 12. CDC Healthy Youth Topics, “Role of Schools in Addressing Childhood Obesity.”

- **Current Status:** HB 387/SB273: School Nutrition Program Funds. No action in latest legislative session. Topic may be discussed by Legislative Task Force on Childhood Obesity.

4. *Ensure That All Foods and Beverages Available in Schools Are Healthy (ESMM Goals 1a, 2, 3)*

- **General Action:** Establish statewide nutrition standards for foods and beverages available in school operated vending machines, school stores, snack bars, fundraisers, and all other food sale operations on the school campus during the instructional day. MOA's should be submitted to DPI annually to ensure compliance
- **Legislative Action:** The NC General Assembly should direct the State Board of Education 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:** none
- **Sources:** NCIOM Task Force on Prevention Recommendation 4:2; NC Task Force on Preventing Childhood Obesity Recommendation #8; NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 1, 7, 9, 10.
- **Evidence:** 13. IOM, Standing Committee on Childhood Obesity Prevention; 14. Office of the Surgeon General, Childhood Obesity Prevention; 15. American Dietetic Association position paper(s); 16. CDC Healthy Youth Key Strategy to Prevent Obesity #10 17. IOM Standing Committee on Childhood Obesity Prevention 18. Keystone Forum on Away-From-Home Foods
- **Current Status:** HB 900—passed in the house; moved to Senate for consideration

5. *Promote Menu Labeling to Make Nutrition Information Available to Consumers (ESMM Goals 1a, 2, 3C)*

- **General 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 not implemented by a substantial portion of restaurants within 3 yrs, State should seek mandatory labeling laws. NCDPH should work with other organizations around the country to draft model legislation to promote national standards for menu labeling.
- **Cost:** n/a

- **Source:** NCIOM Task Force on Prevention Recommendation 4.7; NC Task Force on Preventing Childhood Obesity Recommendation #13
- **Evidence:** 19. Keystone Forum on Away-From-Home Foods 20. U.S. Food & Drug Administration, “Calories Count: Report of the Working Group on Obesity.” 21. CDC Research to Practice Series
- **Current Status:** HB1273 Technical Assistance for Menu Labeling—Ref to Committee on appropriations but not included in budget

6. Increase the Availability of Obesity Screening and Counseling and Require State Health Plan’s Coverage of Medical Nutrition Therapy (ESMM Goal 1a, 2, 3)

- **General 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

—The State Health Plan should include coverage in NC to include prevention and treatment services for children, youth and their families who are overweight or at risk for overweight, to allow Registered Dietitians (RD) and Licensed Dietitians (LDN), practicing in both public and private settings to be reimbursed for medical nutrition therapy.

- **Legislative Action:**

- **Cost:**

- **Source:** NCIOM Task Force on Prevention Recommendation 4.11; NC Health & Wellness Trust Fund Report on Childhood Obesity in NC

- **Evidence:** 22. American Dietetic Association Food & Nutrition Information 23. Galuska et al, *JAMA* 24. US Preventive Services Task Force

- **Current Status:** State health plan will provide coverage of medical nutrition therapy as of January 2010

Strategies to Encourage Breastfeeding

7. *Support breastfeeding in the workplace (ESMM Goal 3b)*

- **General Action:** Employers are encouraged to support breastfeeding in the workplace by allowing employees to receive paid break time for the provision of breast milk to their infants (minimum of thirty minutes twice per day in addition to paid lunch time) and providing employees a private space for provision of breast milk to their infants. Designated space should be private and not be in a restroom or other common area and at a minimum be equipped with an electric outlet, small refrigerator, door that locks, small table, comfortable chair, wastebasket, nearby sink with hot water, towel/soap dispenser, sanitizer.
- **Legislative Action:** n/a
- **Cost:**
- **Source:** CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategy 11; North Carolina Child Fatality Task Force
- **Evidence:** 25. Agency for Healthcare Research and Quality; 26. USDHHS; 27. Association of Women's Health, Obstetric and Neonatal Nurses
- **Status**

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

8. *Implement Quality Physical Education and Healthful Living in Schools (ESMM Goals 1a, 2, 4b)*

- **General action:** State Board of Education: work with staff members in the NC Department of Instruction to develop cost estimates for five-year phase in to be reported to the NCGA and EOC by April 1, 2010. Following phase-in, report annually to the Education Oversight Committee regarding the Physical Education Program and Healthy Active Children Policy.
- **NC General Assembly:** 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:** To be determined—full funding by 2013
- **Sources:** NCIOM Task Force on Prevention Recommendation 4-3 (Priority Recommendation); NC Task Force on Preventing Childhood Obesity Recommendation #15 (Immediate Priority Recommendation); NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 12, 13.
- **Evidence:** 28. Community Guide to Preventive services (CDC) 29. AMA, HRSA, CDC Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity 30. IOM Standing Committee on Childhood Obesity Prevention 31. CDC Healthy Youth Key Strategy to Prevent Obesity #8 32. NASPE Physical Activity Guidelines
- **Current Status:** HB 1373: Phase in Physical Education Requirements—directs SBE to adopt and phase in phys ed program according to NASPE's criteria. No action in past legislative session. May be considered by upcoming Legislative Task force on Childhood Obesity.

9. *Develop Or Identify Honors-Level Course In Health and/or Physical Education That Can Be Offered at High School Level (ESMM Goal 1a)*

- **General Action:** NC State Board of Education to encourage NC Department of Public Instruction to develop or identify course
- **Legislative Action:** n/a
- **Cost:** n/a
- **Sources:** NC Task Force on Preventing Childhood Obesity Recommendation #3 (Immediate Priority Recommendation); NCIOM Adolescent Health Task Force Draft Recommendation S-3e1 (part of Recommendation S-3 “Revisions to the Healthful Living Standard Course of Study”
- **Evidence:** 33. IOM, Standing Committee on Childhood Obesity Prevention 34. CDC Healthy Youth Topics, “Role of Schools in Addressing Childhood Obesity.” 35. American Dietetic Association Position Paper 36. CDC Healthy Youth Strategies to Prevent Obesity #6
- **Current Status:** HB 901 passed; referred to Senate committee on Education/Higher Education; SB 977 Act to Establish An Obesity Prevention Program in the Public Schools—Section 1-J

Strategies to Create Safe Communities that Support Physical Activity

10. *Expand Community Grants Program to Promote Physical Activity (ESMM Goals 1a &b, 4)*

- **General 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 5 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 5 years. DPH should allocate 10% of funds for an independent evaluation of these projects
- **Sources:** NCIOM Task Force on Prevention Recommendation 4.10; NC Task Force on Preventing Childhood Obesity Recommendation #16; NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 16, 17, 18.
- **Evidence:** 37. Community Guide to Preventive Services 38. Office of the Surgeon General, “Overweight and Obesity: a Vision for the Future.” 39. IOM, Standing Committee on Childhood Obesity Prevention
- **Current Status:** HB 1469 calls for \$3.3 annually for next two fiscal years; referred to appropriations but not included in budget

11. *Build Active Living Communities*

- **General Action:** 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 authorize counties and municipalities to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks.
- NC General Assembly should appropriate an additional \$1.5 million to the North Carolina Division of Parks and Recreation for the Adopt-a-Trail grant program
- **Cost:** \$1.5 million annually
- **Sources:** NCIOM Task Force on Prevention Recommendation 4.8; NC Task Force on Preventing Childhood Obesity Recommendations #16 & 21, CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 16, 17, 18.
- **Evidence:** 40. Community Guide to Preventive Services 41. Office of the Surgeon General, “Overweight and Obesity: a Vision for the Future.” 42. IOM, Standing Committee on Childhood Obesity Prevention
- **Current Status:** HB 148, Intermodal Transportation Funding Bill signed by Governor. HB 1120 Funds for Adopt-A-Trail Program asks for \$1.5 million per year for two years; referred to appropriations, no action

12. Establish Joint-Use Agreements to Expand Use of School and Community Recreational Facilities (ESMM Goal 1a & b, 4)

- **General 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 DPI 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:** Relevant section in obesity prevention in schools bill
- **Cost:**
- **Sources:** NCIOM Task Force on Prevention Recommendation 4.9; NC Task Force on Preventing Childhood Obesity Recommendation #19; NCIOM Adolescent Health Task

Force draft recommendation CI-1; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 14, 16.

- **Evidence:** 43. Community Guide to Preventive Services 44. Office of the Surgeon General, “Overweight and Obesity: a Vision for the Future.” 45. IOM, Standing Committee on Childhood Obesity Prevention;
- **Current Status:** HB 1471: Counties & schools share PE Equipment. PASSED SB 977 Obesity Prevention in Schools—Section 3; SB 977 is in committee

Strategies to Develop Capacity and Support for Obesity Prevention

13. Implement the Eat Smart, Move More NC Plan in local Communities To Comprehensively Expand Obesity Prevention (ESMM Goals 1, 2, 3 and 4)

- **General Action:** NC Division of Public Health & 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 North Carolina General Assembly should appropriate 6.5 million in recurring funds to the Division of Public Health to implement evidence-based strategies or best and promising practices in local communities to improve nutrition and increase physical activity. Additionally, the North Carolina 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 to reduce overweight and obesity among adolescents. The General Assembly should appropriate additional funds to support a social marketing campaign.
- **Costs:**
 1. \$5 million (\$50,000 per county) recurring to support local FTE
 2. \$3.5 annually for 6 years to continue demonstration projects funded by NCGA in 2008. To be distributed to 5 current demonstration counties & 3 additional counties.
 3. \$1 million in recurring funds to ESMM NC to expand community competitive grants. Communities limited to grants up to \$40,000.
 4. \$500,000 for county adolescent grants of up to \$100,000 per year—priority given to counties that have a focus on case management through schools for at-risk adolescents.
 5. \$500,000 in recurring funds to NCDPH to provide technical assistance for

implementation of ESMM NC & conduct independent evaluation.

Sources: NCIOM Task Force on Prevention Recommendation 4.5 (Priority Recommendation); North Carolina Task Force on Preventing Childhood Obesity Recommendation #1 (Immediate Priority Recommendation); NCIOM Task Force on Adolescent Health Draft Recommendation CI-2 (\$500,000 for adolescent health grants portion); CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategy 24.

- **Evidence:** See Eat Smart, Move More website for comprehensive list of evidence that supports program: [www://eatsmartmovemorenc.com/TheEvidence.html](http://eatsmartmovemorenc.com/TheEvidence.html)
- **Current Status:** HB 774/SB 240 Fund High Priority Public Health Initiatives (included continued funding for Childhood Obesity demonstration projects) referred to appropriations but not included in budget

14. Develop An Interagency Plan to Promote Active, Livable and Green Communities. (ESMM Goal 1a &b, 4)

- **General Action:** Create and direct an interagency leadership commission to develop interagency plans to promote active, livable, and green communities. Commission should examine impact of various policies on school transportation costs, economic development, and other relevant factors.
- **Legislative Action:** Governor/legislature to create and direct commission
- **Cost:** n/a
- **Sources:** NCIOM Task Force on Prevention Recommendation 7:1; NC Task Force on Preventing Childhood Obesity Recommendation #18; NC Health & Wellness Trust Fund Report on Childhood Obesity in NC; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategies 16, 17, 18, 19, 20, 21, 22, 23.
- **Evidence:** 46. Community Guide to Preventive Services 47. Office of the Surgeon General, “Overweight and Obesity: a Vision for the Future” 48. IOM, Standing Committee on Childhood Obesity Prevention
- **Current Status:** HB 1121: Create Active Living Communities Commission—no action in last legislative session

15. *Promote Healthy Workplace Initiatives in State Agency Workplaces (ESMM Goals 1a&b, 2, 3 & 4)*

- **General 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 DPI should assist with these efforts in schools.
- **Legislative Action:** n/a
- **Costs:** \$377,000 To DPH and \$77,000 to DPI annually
- **Sources:** NC Task Force on Preventing Childhood Obesity Recommendation #1; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategy 1, 2.
- **Evidence:** 49. Community Guide to Preventive Services 50. IOM Standing Committee on Childhood Obesity Prevention 51. American Dietetic Association Position Paper 52. CDC Healthy Youth Strategy to Prevent Obesity #5
- **Current Status:** SB 977 Obesity Prevention in Public Schools referred to Senate committee on health care in last session—Section 8: State agencies to implement NC HealthSmart Worksite Wellness Program or STAR School Employee Wellness Program. DPH to offer technical assistance to agencies, DPI to assist with efforts in schools

16. *Implement Evidence-based Curricula for Healthful Living Standard Course of Study (ESMM Goal 1a)*

- **General Action:** Implement evidence-based curricula for Healthful Living standard course of study 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 LEA's, giving priority to those curricula that have been subject to rigorous testing and demonstrated positive changes in student behavior. SBE to require the NCDPI to examine existing Healthful Living Course of Study to determine whether modifications are needed to the yearly objectives to enable LEAs 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 & appropriate \$1.5 million in recurring funds to NCDPI 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
- **Sources:** NCIOM Task Force on Adolescent Health Draft (10/09) Recommendation S-3b (part of Recommendation S-3 “Revisions to the Healthful Living Standard Course of Study”
- **Evidence:** 53. IOM, Standing Committee on Childhood Obesity Prevention 54. CDC Healthy Youth Topics, “Role of Schools in Addressing Childhood Obesity.” 55. American Dietetic Association Position Paper 56. CDC Healthy Youth Strategies to Prevent Obesity #6
- **Current Status:** n/a

17. Establish a Full Time Healthful Living Coordinator in Each Local Education Agency (ESMM Goal 1a)

- **General 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
- **Sources:** NC Task Force on Preventing Childhood Obesity Recommendation #4 (Immediate Priority Recommendation); NCIOM Adolescent Health Task Force draft (10/09) recommendation S-2c (part of Recommendation S-2 “Enhance NC Healthy Schools;)
- **Evidence:** 57. CDC Healthy Youth Topics, “Role of Schools in Addressing Childhood Obesity” 58. IOM, Standing Committee on Childhood Obesity Prevention 59. American Dietetic Association Position Papers 60. CDC Healthy Youth Strategies to Prevent Obesity #2
- **Current Status:** HB 1128 referred to appropriations; not included in budget

18. Expand Physical Activity and Nutrition in Child Care Centers and After-school Programs (ESMM Goal 1a &b, 2, 3 & 4b)

- **General Action:**
 - NC Division of Public Health and the North Carolina Partnership for Children (NCPC) 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 State Commission on Childcare 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 DPI and North Carolina Center for Afterschool Programs should encourage other afterschool programs to adopt the standards.

- **Legislative Action:** NC General Assembly should appropriate funds to the NCDPH and NCPC
- **Cost:** \$70,000 to DPH and \$325,000 to NC Partnership for Children Annually
- **Sources:** NCIOM Task Force on Prevention Recommendation 4.4; NC Task Force on Preventing Childhood Obesity Recommendation #10; NC Health & Wellness Trust Fund Report on Childhood Obesity in NC
- **Evidence:** 61. American Dietetic Association Position Papers 62. IOM, Standing Committee on Childhood Obesity Prevention 63. Center for Excellence for Training and Research Translation
- **Current Status:** HB 1472 referred to appropriations, no action in last legislative session

19. Implement Social Marketing Campaign To Raise Public Awareness And Promote Healthy Physical Activity And Nutrition Behaviors & Environments (ESMM goals 2, 3, 4 a & b)

- **General 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, N.C. Health and Wellness Trust Fund, NC Dept. 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 DPI for expansion and evaluation of social marketing campaign. A portion of the funding should be used for evaluation.

- **Cost:** \$16 million annually
- **Source:** Included in NCIOM Task Force on Prevention Recommendation 4.5; NC Task Force on Preventing Childhood Obesity Recommendation #2
- **Evidence:** 64. Institute of Medicine, Standing Committee on Childhood Obesity 65. CDC Nutrition Resources for Health Professionals—Youth Media Campaign (VERB) 66. Keystone Forum on Away-From-Home Foods
- **Current Status:**

20. *Expand the Community Care of North Carolina (CCNC) Childhood Obesity Prevention Initiative (ESMM goals 1a, 2, 3a, d & f, 4b)*

- **General Action:** If the Community Care of North Carolina Childhood Obesity Prevention Initiative Pilots are shown to be successful, the initiative should be expanded throughout the state.
- **Legislative Action:** NC General Assembly should appropriate one-time funding of \$174,000 to the North Carolina Office of Rural Health and Community Care to support.
- **Cost:** \$174,000 one time
- **Sources:** NCIOM Task Force On Prevention Recommendation 4.12; NC Task Force on Preventing Childhood Obesity Recommendation #14; NCIOM Task Force on Adolescent Health Draft Recommendation CI-4; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States strategy 24.
- **Evidence:** 67. Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity 68. IOM Standing Committee on Childhood Obesity Prevention 69. ADA Position Papers
- **Current Status:** n/a