



North Carolina Institute of Medicine Prevention Task Force

Presentation to the Eat Smart, Move More Leadership Team

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Overview

- **Background on the North Carolina Institute of Medicine**
- **Prevention Task Force**
 - **Overview**
 - **Interim Report, *Prevention for the Health of North Carolina***
 - **Physical activity and nutrition recommendations**



NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470





NCIOM Studies

- NCIOM studies issues at the request of:
 - North Carolina General Assembly (NCGA)
 - North Carolina state agencies
 - North Carolina foundations
 - Health professional organizations
 - NCIOM Board
- Often work in collaboration with other organizations to study health issues



● ● ● | **Prevention Task Force**

- Prevention Task Force (April 2008-June 2009)
 - In collaboration with North Carolina Division of Public Health
 - Co-chairs: Jeff Engel, Bill Roper, and Bob Seligson (past co-chair Leah Devlin)
 - Task Force includes 45 other members including state and local policy makers and agency officials, health professionals, insurers, and business and community leaders
 - Supported by the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, North Carolina Health and Wellness Trust Fund, Kate B. Reynolds Charitable Trust



● ● ● | Task Force Charge

- Comprehensively examine preventable, underlying causes of *death and disability*
- Examine health disparities
- Prioritize recommendations based on evidence-based strategies, and when necessary, best and promising practices
- Develop Prevention Action Plan for the state, which will be released Fall 2009 (interim report released in March)



Ten Leading Causes of Death and Disability and Underlying Causes

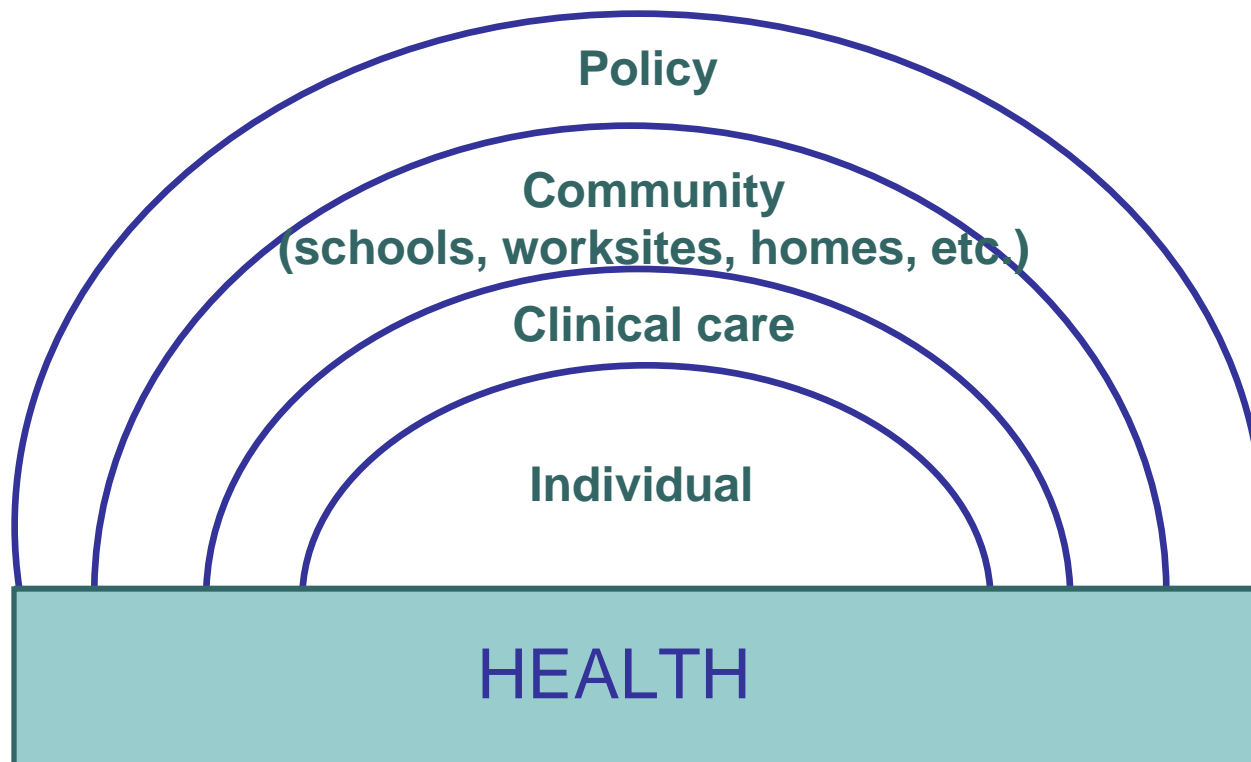
Underlying Causes

Leading causes of morbidity and mortality

	Alcohol and drug use	Bacteria and infectious agents	Diet, physical inactivity, overweight/obesity	Emotional and psychological factors	Exposure to chemicals and environmental pollutants	Tobacco use	Risky sexual behavior	Falls, unintentional poisonings, family violence, MVI	Socioeconomic factors
Cancer	✓		✓		✓	✓			✓
Heart disease	✓		✓	✓		✓			✓
Non-motor vehicle injury	✓		✓	✓		✓		✓	✓
Chronic lower respiratory disease			✓		✓	✓			✓
Alcohol and drug use	✓			✓					✓
Motor vehicle injuries (MVI)	✓							✓	✓
Cerebrovascular disease	✓		✓			✓			✓
Infectious diseases	✓	✓			✓		✓		✓
Diabetes			✓						✓
Unipolar major depression	✓			✓					✓



Modified Socioecologic Model





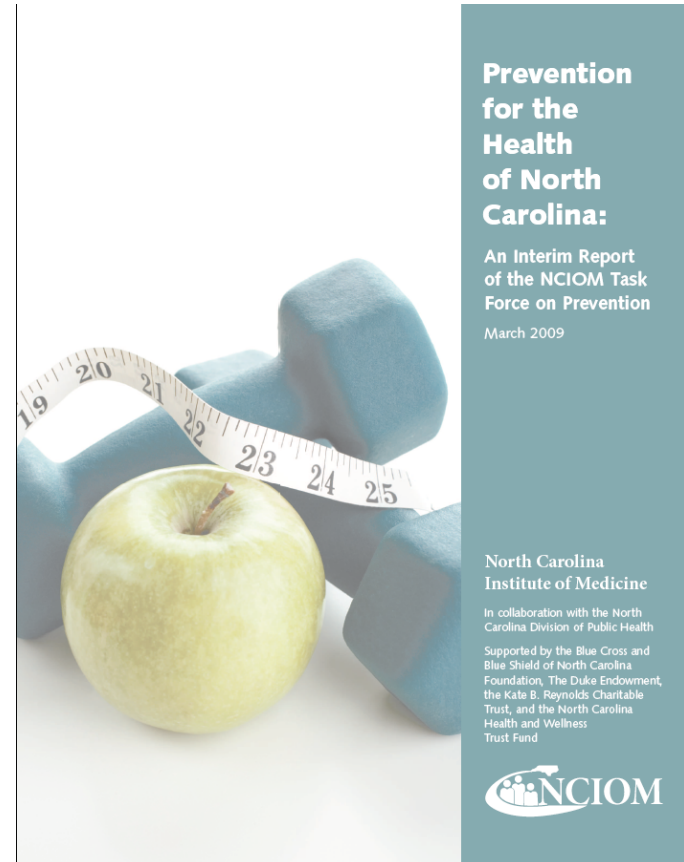
Recommendations Grid

		Intervention Type						
		Individual Message	Clinical	Community/environment				Public & Health Policy
				Schools	Homes	Worksites	Community at-large	
Underlying Cause	Tobacco Use (including Secondhand Smoke Exposure)	Be tobacco-free and quit all tobacco use	T-4 Cessation Services, Counseling, and Medications (USPSTF)		T-2 <i>Smoke-free Policies (CGPS)</i>	T-2 <i>Smoke-free Policies (CGPS)</i>	T-3 Comprehensive Tobacco Control Program (CDC)	T-1 Tobacco taxes (CGPS) T-2 Smoke-free Policies (CGPS)



Prevention for the Health of North Carolina

- Implement child nutrition standards in elementary schools
- Implement quality physical education in all elementary, middle, and high schools
- Implement the Eat Smart, Move More NC Obesity Plan



Physical Activity and Nutrition Draft Recommendations

- 16 Recommendations
 - Nutrition: 6 recommendations (4*)
 - Physical activity: 5 recommendations (5*)
 - Physical activity and nutrition: 5 recommendations (5*)

(IR) *Indicates that the recommendation was included in the interim report.*

* *Indicates that the recommendation was also adopted by the Obesity Task Force. Language may differ slightly, but overall intent of recommendation is the same.*

Nutrition: Establish Standards for All Foods and Beverages in Schools*

- NCGA should direct the SBE to establish statewide nutrition standards for foods and beverages available in school-operated vending machines, school stores, and all other operations on the school campus during the instructional day (standards should meet or exceed national standards)
- NCGA should direct Local Boards of Education to require principals whose schools operate vending machines outside of the Child Nutrition Program to sign an MOA with beverage and snack vendors to ensure vending machines contain items consistent with GS 115C-264.2 (which regulates vending machine sales)
 - MOA should be submitted to DPI annually to indicate compliance



Nutrition: Advertising and Marketing of Unhealthy Beverages in Schools

- NCGA should enact a law to remove advertising and marketing of unhealthy foods and beverages in schools that do not meet standards of GS 115C-264.3 (Child Nutrition Standards)



Nutrition: Implement Child Nutrition Standards in Elementary Schools* (IR)

- Elementary schools should fully implement the SBE-adopted nutrition standards
- Funding: NCGA appropriations of \$20 million in recurring funds to DPI
 - To receive support, school districts:
 - Must be in full compliance with the SBE policy on nutrition standards in elementary schools (GS 115C-264.3)
 - Must not be charging indirect costs to the child nutrition program until such time as the Child Nutrition Program achieves and sustains a three-month operating balance



Nutrition: Menu Labeling*

- DPH in collaboration with NC Prevention Partners should promote and offer technical assistance for menu labeling in restaurants (working with the NC Restaurant and Lodging Association)
- DPH should be involved in creating model national legislation through work with a national delegation to promote national standards around menu labeling



Nutrition: Healthy Meals in Middle and High Schools

- NC funders should develop a competitive RFP to fund a collaborative effort between local universities and DPI 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

- ● ● | **Nutrition: Worksite and Faith-based Farmers Markets/Farm Stands**

- Employers and faith-based organizations should offer farmers markets/farm stands at the workplace and in the faith community, with a focus on serving low-income individuals and neighborhoods



Physical Activity: Implement Quality PE & Healthful Living in Schools* (IR)

- a) NCGA should require the SBE to implement a 5-year phase-in requirement of
 - 150 minutes of quality PE in elementary schools
 - 225 minutes of weekly Healthful Living in middle schools and 2 units of Healthful Living as a graduation requirement for high schools (should require equal time for health education and physical education).
- b) SBE should be required to annually report to the Education Oversight Committee regarding the PE program and the Healthy Active Children Policy
- c) SBE should work with DPI and NCGA Fiscal Research Divisions to examine the experiences of other states and develop cost estimates, which will be reported to the research division of the NCGA and the Education Oversight Committee by April 1, 2010.

- ● ● | **Physical Activity: Sales Tax
to Support Active Living
Projects***

- NCGA should authorize counties/municipalities the local option to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks

- ● ● | **Physical Activity: Expansion of Community Grants Program***

- DPH should expand the existing Community Grants Program 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
- Funding: NCGA appropriations of \$3.3 million to DPH



Physical Activity: Joint-use **Agreements to Expand Use of Facilities***

- The NC School Boards Association should work various agencies and groups to encourage collaboration among local schools, parks and recreation, faith organizations, and/or other community groups to expand the use of school facilities for after-hours community physical activity
 - Examine successes elsewhere
 - Identify barriers
 - Examine possibilities for making community facilities available to schools during school hours
 - Develop model joint-use agreements
 - Address liability issues
- SBE should encourage DPI to provide recommendations for building joint park and school facilities and to include physical activity space in the facility needs survey beginning in 2010

- ● ● | **Physical Activity: Expansion of Adopt-a-Trail Grant Program***

- Division of Parks and Recreation should 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
- Funding: NCGA appropriations of \$1.5 million to the Division of Parks and Recreation



Nutrition & Physical Activity:

Evidence-based Curricula for Healthful Living Standard Course of Study

- NCGA should require schools to use evidence-based curricula (EBC) in the Healthful Living Standard Course of Study
- NCGA should appropriate \$1.2 million to DPI to provide grants to LEAs to implement evidence-based curricula
 - DPI should identify and provide technical assistance for 3-5 EBC that demonstrated positive change in behavior across multiple risk factors to ensure curricula implemented with fidelity
 - DPI and partners should revise the Healthful Living yearly objectives to give schools the time needed to implement EBC (as part of its regular 5-year review of Healthful Living Standard Course of Study)
- DPI should develop additional health and PE courses at high school level



Nutrition & Physical Activity:

Implement the *Eat Smart, Move More North Carolina Obesity Plan (IR)**

- a) The North Carolina Division of Public Health along with its partner organizations should fully implement the *Eat Smart, Move More North Carolina Obesity Plan* for combating obesity in selected local communities and identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state
- b) Funding: NCGA appropriations of \$10.5 million in recurring funding to DPH
 - Support 1 FTE per county
 - Continue obesity demonstration projects
 - Expand community competitive grants program
 - Support case management in school for adolescents at risk for overweight/obesity
 - Support TA and evaluation from DPH



Nutrition & Physical Activity: Social Marketing Campaign*

- DPH, HWTF, and DPI should raise public awareness by implementing a statewide social marketing campaign to promote healthy physical activity and nutrition behaviors and environments in schools, homes, and the community
- Funding: NCGA annual appropriations of \$16 million to DPH to work with the HWTF and DPI



Nutrition & Physical Activity: **Preschools & After-School Programs***

- a) DPH and NC Partnership for Children (NCPC) should expand dissemination of evidenced-based approaches for improved physical activity and nutrition standards in preschools using NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care)
 - Funding: NCGA annual appropriations of \$70,000 to DPH and \$325,000 to NCPC
- b) The 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
- c) 21st Century learning programs should encourage ESMM physical activity standards for after-school programs



Nutrition & Physical Activity: Expansion of CCNC Childhood Obesity Prevention Initiative*

- Community Care of North Carolina (CCNC) should continue expansion of the Childhood Obesity Prevention Initiative including the dissemination and use of already developed clinical initiatives aimed at obesity reduction for Medicaid-enrolled and other children and their families
- Funding: NCGA one-time appropriation of \$174,000 to the ORHCC



● ● ● | **Next Steps**

- Prevention Summit on October 8th in Greensboro
 - Release of Prevention Action Plan
 - Partnering with Healthy Carolinians
- Healthy NC 2020 Objectives
 - Collaborative effort with DPH, Governor's Task Force for Healthy Carolinians, Healthy Carolinians, State Center for Health Statistics



For More Information

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