Report from the North Carolina Task Force on Preventing Childhood Obesity

Reversing the Rising Trend by 2015

January 15, 2009

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Members of North Carolina Task Force on Preventing Childhood Obesity

Co-Chairs:

Leah Devlin, DDS, MPH
State Health Director
N.C. Division of Public Health
N.C. Department of Health and Human Services

Howard Lee, MSW
Chairman
N.C. State Board of Education

Task Force Members:

Frank Amend, PE
Chair
N.C. American Heart Association
Advocacy Coordinating Committee
American Heart Association

Edward Baker, MD, MPH, MSc
Director
N.C. Institute for Public Health

Robert Blackburn, Ed.D.
President
Association of N.C. Boards of Health

Robert Greczyn
President & CEO
Blue Cross Blue Shield of N.C.

Debra Horton
President
N.C. Parent Teacher Association

Betsy LaForge, MPH
Director, Member Health Partnerships
Blue Cross Blue Shield of N.C.

Beth Lovett, RN, MPH
Health Director, Wilkes County Health Department
N.C. Health Director's Association

Beth Palien, SNS
President
School Nutrition Association of N.C.

William Pully
President
N.C. Hospital Association

Pam Seamans, MPP
Executive Director
N.C. Alliance for Health

Robert Seligson, MBA, MA
Executive Vice President, CEO
N.C. Medical Society

Vandana Shah, JD, L.L.M.
Executive Director
N.C. Health and Wellness Trust Fund

Sarah Strunk, MHA
Director
Active Living by Design
UNC Gillings School of Public Health

Staff to the Task Force from the N.C. Division of Public Health, N.C. Department of Health and Human Services:

Steve Cline, DDS, MPH
N.C. Deputy State Health Director

Marcus Plescia, MD, MPH
Section Chief
Chronic Disease and Injury Section

Ruth Petersen, MD, MPH

Senior Public Health Advisor

Staff to the Task Force from the N.C. Department of Public Instruction:

June St. Clair Atkinson, Ed.D.
State Superintendent
N.C. Department of Public Instruction

Rebecca Garland, Ed.D.
Assistant State Superintendant/Chief Academic Officer
N.C. Department of Public Instruction

Paula Hudson Collins, MHDL, R.H.Ed.
Senior Policy Advisor
Healthy Responsible Students

N.C. State Board of Education

Charge to the North Carolina Task Force on Preventing Childhood Obesity

SECTION 10.17.(cc) The sum of one hundred thousand dollars ($100,000) appropriated in this section in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, for the 2008-2009 fiscal year shall be used to establish a Task Force on Preventing Childhood Obesity (Task Force) to be co-chaired by the State Health Director and the Chairman of the State Board of Education. The Task Force is to review current state-level activities in the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund and develop a comprehensive statewide strategic plan with recommendations for preventing childhood obesity. The goals of the strategic plan shall encompass the following framework of initiatives:

(1) Providing healthier foods to students;
(2) Improving the availability of healthy foods at home and in the community;
(3) Increasing the frequency, intensity, and duration of physical activity in schools;
(4) Encouraging communities to establish a master plan for pedestrian and bicycle pathways;
(5) Improving access to safe places where children can play; and
(6) Developing activities or programs that limit children's screen time, including limits on video games and television.

Membership on the task force shall include, but is not limited to, representatives from the following organizations:

(1) Health and Wellness Trust Fund
(2) North Carolina Institute for Public Health
(3) UNC Active Living by Design
(4) Blue Cross Blue Shield of North Carolina
(5) N.C. Hospital Association
(6) N.C. Parent Teacher Association
(7) American Heart Association
(8) School Nutrition Association of North Carolina

The Chairman of the State Board of Education and the State Health Director shall report to the House of Representatives Chairs of the Appropriations Subcommittees on Health and Human Services and Education, the Senate Chairs of the Appropriations Committees on Health and Human Services and Education/Public Instruction, the Joint Legislative Oversight Committee on Education, the Joint Legislative Oversight Committee on Health, and the Fiscal Research Division on the Task Force on Preventing Childhood Obesity's strategic plan and recommendations by January 15, 2009, or upon the convening of the 2009 Session of the General Assembly, whichever occurs first.

Current North Carolina Initiatives in the Prevention of Childhood Obesity

The North Carolina Task Force on Preventing Childhood Obesity was charged with reviewing current state-level activities in the N.C. Department of Health and Human Services, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund that address the prevention of childhood obesity. The table below summarizes this information.

Obesity Prevention Activities by the N.C. Division of Public Health, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund		
N.C. Division of Public Health	• NAP-SACC (preschool) (Nutrition and Physical Activity Self-Assessment for Child Care) • Color Me Healthy (preschool) • Students Eating Smart and Moving More • School Health Nutritionists Network • Families Eating Smart, Moving More • Move More School Standards • Sybershop • Eat Smart, Move More, Weigh Less • Food For Thought • Fast Food and Families	• ACEs Guide • Walk to School Guide • Childhood Obesity Prevention Demonstration Projects • Faithful Families • Move More Scholars Institute • Worksites Eating Smart and Moving More • BRFSS (Behavioral Risk Factor Surveillance System) • CHAMP (Child Risk Assessment and Monitoring Program) • Energizers • Eat Smart Move More County Profiles
N.C. Department of Public Instruction	• School Meals Initiative Team (SMI) • Local Wellness Policies • SBE Elementary Nutrition Standards • SBE Draft Middle School Nutrition Standards • SBE required Nutrient Analysis • SMI and 504 Plans • SBE Competitive Foods and Vending Policy • USDA Fresh Fruits and Vegetables Program • SMI Team Training, Assistance, and Monitoring for LEAs • Healthy Active Children Policy (HAC) • Healthy Active Children Policy Annual Reports • Move More School Standards • Food For Thought • Southern Collaborative on Obesity Reduction Efforts Grant	• Youth Risk Behavior Surveillance Survey (YRBSS) • Profiles Surveys for Principals and Teachers • Elementary School Energizers • Middle School Energizers • Kate B. Reynolds Charitable Trust Grant for Physical Education Equipment and Training • *SPARK* statewide training via NCAAHPERD/IsPOD Partnership • Walk/Bike to School Events • School Architects Design Open Activity Spaces • Joint Facility Use Policies for Communities • 21st Century Learning Centers and Intramurals • Activity During and After School Day • *LimiTV* Program / Materials
N.C. Health and Wellness Trust Fund	• Study Committee on Childhood Obesity • Childhood Obesity Grants • Fit Community Grants • A+ Fit School Grants • Fit Together Media Campaign	• HWTF Fit Kids Teacher Trainings • Fit Community Designation Program • Fit Community Outreach and web resources • Fit Kids Initiative • N4Kids-Clinical Obesity Initiative

In addition to the three key entities noted in the chart above, the other agencies represented on the Task Force all play a role in the prevention of childhood obesity. Many more are partners in a state-wide movement of *Eat Smart, Move More NC.* This group, consisting of over 60 agency-level partners, has developed the *Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases*. This plan, often referred to as the N.C. Obesity Plan, was written by professionals from across the state with the common goal of obesity prevention and a set of overarching goals to be implemented between 2007 and 2012. This plan is designed to help organizations and individuals implement strategies to address overweight and obesity in their communities and begin to create policies, media, and environments supportive of healthy eating and physical activity. Across the state, communities, preschools, schools, families, faith communities, worksites and health care have come together to implement evidence-based obesity prevention strategies.

Summary of Overarching Messages from the North Carolina Task Force on Preventing Childhood Obesity

Four main messages emerged from the Task Force:

1. **A strong call to action from the Legislative Branch and Governor** is needed for effective intervention to reverse the rising trend in childhood obesity by 2015. Steps should include immediate action, resource allocation, collaboration among key stakeholders, and evaluation of efforts.
   Supporting data:
   - This may be the first generation of children and youth in history to have a shorter life expectancy than their parents due to obesity-related health problems.[1]

2. **Now is the time for action** for addressing childhood obesity. North Carolina is losing the battle not only in the health status of its children, but in the health care costs clearly associated with overweight status and obesity.
   Supporting data:
   - In 2007, N.C. had the fifth highest national rate of obese children.
   - In 2003, the cost of obesity in N.C. youth was nearly $16 million per year.[2]
   - In 2004, overweight N.C. adolescents had Medicaid expenditures that were 33 percent higher than those for healthy-weight adolescents, and the obese group had expenditures that were 25 percent higher.[3]
   - A significantly higher percentage of obese adolescents had a claim for diabetes, asthma, or other respiratory conditions than the healthy-weight group.[4]

3. **The state must prioritize the funding needed to reverse the obesity trend** in its children or the state will pay over the long term for health care costs, lost productivity, lost academic achievement, and decreased mental health among these children. The Task Force recognizes the magnitude of the financial request represented in this strategic plan given the current economic climate. The Task Force hopes the costs of this plan might be supported through collaboration with the N.C. General Assembly, state foundations and federal sources. However, the Task Force requests that the resources of the N.C. Health and Wellness Trust Fund currently used to address childhood obesity in North Carolina be protected and not used to support these new recommendations.
   Supporting data:
   - In 2007, a total of 64.6 percent of N.C. adults were overweight or obese, and N.C. had the fifth highest national rate of obese children. [5, 6]
   - Among N.C. children, 16 percent are overweight, and another 16 percent are obese. [7]
   - Among children and youth, obesity is associated with an increased risk of high cholesterol, liver abnormalities, diabetes, and becoming an overweight adult.[8]

4. **Measurement of progress in preventing childhood obesity is critical** if North Carolina is to identify where efforts have been the most successful and where more efforts are needed. Determining the most appropriate ways to measure progress will require collaboration among the service delivery community, public health, public instruction, the university and research communities, state foundations, policy makers, and other agencies addressing childhood obesity. Funding for evaluation will need to be incorporated into all childhood obesity efforts.

Summary of Recommendations from North Carolina Task Force on Preventing Childhood Obesity

Table 1. Based on a legislative directive, the Task Force developed the recommendations using the framework of the six initiatives. All of the 22 recommendations are included in Table 1. While there are specific recommendations that direct a strategic plan under each of the initial six initiatives, the Task Force also reports on five recommendations that reached across multiple initiatives or categories of the prevention strategy. The overarching, or umbrella, recommendations are presented first; subsequently, recommendations that specifically relate to the six initiatives are presented under category headings. Task Force members prioritized five recommendations as "Immediate Priorities." These are noted in Table 1 with a  .

Table 2. The five "Immediate Priorities" are repeated separately in Table 2 to emphasize the priority recommendations.

Table 3. A grouping of "No New Cost" recommendations is repeated separately in Table 3. This group may include statutory change or partnership activities that could be given unique consideration since there are no new costs associated with them.

Table 1. Summary of Recommendations by Category of Initiative (Not listed in priority order, but "Immediate Priorities" are noted with a ★.)

# (not ranked)	Recommendation	Cost
	Overarching Recommendations:	
1 ★	The N.C. Division of Public Health along with its partners should expand obesity prevention efforts in local communities including: A. the establishment of one FTE in each local health department to coordinate obesity prevention across the community ($5 million recurring to DPH); and B. full implementation of the *Eat Smart, Move More*: *NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state ($5.5 million recurring for six years to DPH for Demonstration projects). **Note: Received Immediate Priority Ranking from Task Force**	$10.5 million annually
2	The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should raise public awareness and implement a statewide social marketing campaign to 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 Centers for Disease Control and Prevention.	$16 million annually
3 ★	The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level. **Note: Received Immediate Priority Ranking from Task Force**	None
4 ★	The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues. **Note: Received Immediate Priority Ranking from Task Force**	$8.6, $5.7 and $2.9 million over years 1, 2 and 3 to DPI
5	All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.	None
	#1: Providing healthier food to students	
6 ★	Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions: A. the school district is in full compliance with the N.C. State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance. **Note: Received Immediate Priority Ranking from Task Force**	$20 million annually to DPI
7	The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.	None
8	The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.	None

9	The N.C. General Assembly should direct the N.C. State Board of Education to 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.	None
10	The N.C. Division of Public Health and the N.C. Partnership for Children, Inc. (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).	$70,000 to DPH and $325,000 to NCPC annually
11	The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.	None
#2: Improving the availability of healthy foods at home and in the community		
12	The N.C. Division of Public Health should offer technical assistance to state agency workplaces (e.g., N.C. State Health Plan, schools) for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children. The N.C. Department of Public Instruction should assist with these efforts in schools.	$337,000 to DPH and $77,000 to DPI annually
13	The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.	None
14	Community Care of North Carolina (CCNC) should continue rollout of the Childhood Obesity Prevention Initiative, including dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families.	$174,000 one-time to CCNC
#3: Increasing the frequency, intensity, and duration of physical activity in the schools		
15 ★	The N.C. General Assembly should require the N.C. State Board of Education (SBE) to implement a five-year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and Healthy Active Children Policy. **Note: Received Immediate Priority Ranking from Task Force**	Funding for full implement-tation by 2013 should be determined.
#4: Encouraging communities to establish a master plan for pedestrian and bicycle pathways		
16	The N.C. Division of Public Health should expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans that prioritize the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.	$3.3 annually for 5 years
17	The N.C. General Assembly 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.	None

18	The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors, Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities. A. The interagency commission should: • leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces; • address liability protection for shared use of schools and for encouragement of safe routes to schools; and • examine current policies to promote the citing and development of more walkable schools. B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.	None
#5: Improving access to safe places where children can play		
19	The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.	None
20	The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to: A. provide recommendations for building joint park and school facilities, and B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).	None
21	The N.C. 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.	$1.5 million annually
#6: Developing activities or programs that limit children's screen time		
22	The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should include interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities (as part of an overarching social marketing campaign) including: A. implementing a statewide social marketing campaign (e.g., "Tame the Tube") targeting parents and teachers of school-age children, and B. exploring partnerships with technology-based programs (e.g., digital interactive media) that can be used in schools, community settings and homes to promote physical activity and improved nutrition.	See #2 above

Table 2. Priority Recommendations
(Separated and repeated from overall list in Table 1)

# (not ranked)	Recommendation	Cost
1 ★	The N.C. Division of Public Health along with its partners should expand obesity prevention efforts in local communities including the: A. establishment of one FTE in each local health department to coordinate obesity prevention across the community ($5 million recurring to DPH); and B. full implementation of the *Eat Smart, Move More*: *NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state ($5.5 million recurring for six years to DPH for Demonstration projects). **Note: Received Immediate Priority Ranking from Task Force**	$10.5 million annually
3 ★	The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level. **Note: Received Immediate Priority Ranking from Task Force**	None
4 ★	The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues. **Note: Received Immediate Priority Ranking from Task Force**	$8.6, $5.7 and $2.9 million over years 1, 2 and 3 to DPI
6 ★	Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions: A. the school district is in full compliance with the N.C. State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance. **Note: Received Immediate Priority Ranking from Task Force**	$20 million annually to DPI
15 ★	The N.C. General Assembly should require the N.C. State Board of Education (SBE) to implement a five-year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and Healthy Active Children Policy. **Note: Received Immediate Priority Ranking from Task Force**	Funding for full implement-tation by 2013 should be determined.

Table 3. "No New Cost" Recommendations
(Separated and repeated from overall list in Table 1)

#	Recommendation
3 ★	The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.
5	All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.
7	The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.
8	The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.
9	The N.C. General Assembly should direct the N.C. State Board of Education to 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.
11	The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.
13	The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.
17	The N.C. General Assembly 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.
18	The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors,. Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities. A. The interagency commission should: • leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces; • address liability protection for shared use of schools and for encouragement of safe routes to schools, and • examine current policies to promote the citing and development of more walkable schools. B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.
19	The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.
20	The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to: A. provide recommendations for building joint park and school facilities, and B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).

Overarching Recommendations:
Reach Across Multiple Initiatives or Categories of the Prevention Strategy to Address Childhood Obesity in N.C.

 # 1. The N.C. Division of Public Health, along with its partners, should expand obesity prevention efforts in local communities including:

- **A. the establishment of one FTE in each local health department to coordinate obesity prevention across the community ($5 million recurring to DPH); and**
- **B. full implementation of the *Eat Smart, Move More*: *North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state ($5.5 million recurring for six years to N.C. Division of Public Health for Demonstration projects).**

The N.C. General Assembly should appropriate $10.5 million in recurring funding to the N.C. Division of Public Health for these efforts.

Rationale/Overall Justification:

Eat Smart, Move More: *North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* was written by professionals from across the state with the common goal of obesity prevention. This plan is designed to help organizations and individuals implement strategies to address overweight and obesity in their communities and begin to create policies, media, and environments supportive of healthy eating and physical activity. Communities, preschools, schools, families, faith communities, worksites, and health care have come together across the state to implement evidence-based obesity prevention strategies.

The *Eat Smart, Move More NC* movement is built around the many health benefits that are associated with good nutrition and physical activity. Eating smart and moving more helps children and youth maintain a healthy weight, feel better and have more energy. These positive health benefits have the potential to translate into academic benefits at school. Good nutrition and physical activity nourish the brain and body, resulting in students who are present, on-time, attentive in class, on-task, and possibly earning better grades. As students work hard to achieve high academic standards, it is more important than ever that we provide opportunities for them to be active and eat healthy throughout the day. Families, schools and communities must share the responsibility of promoting and supporting children and youth to eat smart and move more.

Local Health Department Obesity Prevention staff could work collaboratively with Healthful Living Coordinators (see recommendation #4).

Budget:

Personnel:

1 FTE per county to support local capacity for dissemination of evidence-based prevention programs and policies in N.C. communities:

……$5 million recurring annually ($50,000 per county per year) to DPH

Expanding capacity across the state:

Continued funding for five Demonstration Projects (currently funded for only one year) through competitive grant process for evidence-based interventions consistent with *Eat Smart, Move More*: *NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* and new funding for two additional county Demonstration Projects for six years:
…….$3.5 million recurring for six years to DPH ($500,000 per county per year for total of seven counties)

Expand ***Eat Smart, Move More*** Community Grants:
……$1 million recurring for six years to ESMM Executive Committee

Adolescent grants of up to $100,000 per year with priority given to counties that include a focus on "case management for health" through schools with adolescents who are at risk for obesity and overweight status:
……$500,000 recurring for six years to DPH

Technical assistance:
……$500,000 recurring for six years to DPH

TOTAL: $10.5 million annually

#2. The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should raise public awareness and implement a statewide social marketing campaign to 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 Centers for Disease Control and Prevention.

The N.C. General Assembly should appropriate $16 million annually to the N.C. Division of Public Health to work with N.C. Health and Wellness Trust and the N.C. Department of Public Instruction for the expansion and evaluation of this social marketing campaign. A portion of the funding will be used for evaluation.

Rationale/Overall Justification:

Social marketing applies advertising and marketing techniques to health or social issues with the intent of bringing about behavior change. It is used to reduce the barriers and increase the benefits associated with adopting new ideas or behaviors. Social marketing works positively for the good of individuals and for the good of society. The aim is to improve, in the long run, individual and societal well being.

Effective social marketing programs know the audience and what is meaningful to them so that the programs can help the audience in making positive behavior changes. CDC reports that effective social marketing campaigns will cost $1.83 per person each year.

Social marketing can be applied to address all six of the initiatives in the plan to address childhood obesity. These also overlap with the messages of the N.C. Health and Wellness Trust Fund and of ***Eat Smart, Move More NC.*** The ESMM messages are based on those behaviors identified by the CDC to guide state efforts against obesity. Examples of the context of these messages under each of the six initiatives will be based on the seven research-based, key behaviors that can help children, youth and adults eat healthier and be more active including: prepare and eat more meals at home, tame the tube, choose to move more every day, right-size your portions, re-think your drink, enjoy more fruits and veggies, and breastfeed your baby. Other messages that are specific to North Carolina's efforts to address childhood obesity could also be developed and incorporated into this campaign including:

- The Healthy Low-cost Choice (to be disseminated with DPI),
- How to Make Healthy Choices in Restaurants, and
- Obesity prevention messages developed with HWTF.

Budget:

Develop new messages for additional focus on the six initiatives of the Task Force, expand the reach (of new and existing messages) and evaluate social marketing campaign to promote healthy behaviors and environments in school, home and community.

…….$16 million annually to DPH to work with HWTF and DPI (costs based on CDC estimate of $1.83 per population count in state per year for effective campaign)

TOTAL: $16 million annually

#3. The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.

The N.C. General Assembly should encourage this recommendation.

Rationale/Overall Justification:

In order to maximize their GPA, some high school students avoid courses which are not required and do not allow them to gain honors credit. This is the case with courses offered in health, physical education, and/or Healthful Living Education in North Carolina. To avoid this missed opportunity, honors courses in health and/or physical education should be developed and conducted to demand more challenging involvement than standard level courses.

Healthful Living Honors Courses could be geared to assist students in a future career in the following areas:

- Exercise Physiologist
- Nutritionist/Registered Dietitian
- Epidemiologist
- Public Health Educator
- Sports Medicine/ Athletic Trainer
- Sports Psychologist
- Sport Sociologist
- Strength and Conditioning Specialist
- Personal Fitness Trainer
- Cardiac Rehabilitation Specialist
- Teachers of Physical Education
- Physical Therapist
- Occupational Therapist
- Human Kinetics Specialist
- Corporate Fitness Specialist
- Sport Management and Administration
- Teachers of Health Education
- Community/Commercial Recreation Director

Honors courses that are developed will be more challenging than standard-level courses and provide multiple opportunities for students to take greater responsibility for their learning. Honors courses should be distinguished by a difference in the quality of student work expected rather than merely by the quantity of the work required.

Budget: None

#4. The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues.

The N.C. General Assembly should provide tapered funding to the Department of Public Instruction for each LEA for three years ($8.6, $5.7 and $2.9 million over three years) to support the Healthful Living Coordinator position in every LEA.

Rationale/Overall Justification:

The North Carolina General Assembly should provide tapered funding to each Local Education Agency for three full years for one full-time Central Office Position whose total responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program. This Healthful Living Coordinator would work with the School Health Advisory Council and assist the LEA in the implementation and monitoring of the Healthy Active Children Policy and the Federal Wellness Policies, and oversee teacher training and implementation of the Healthful Living Standard Course of Study. The Healthful Living Coordinator would serve as the program and policy advisor to the LEA Superintendent and local board of education on all health-related issues for students and staff. The position would also coordinate school health activities with public health efforts and community health initiatives. The Healthful Living Coordinator would also work to implement statewide recommendations regarding childhood overweight and obesity, diabetes and other chronic health conditions, physical education and physical activity, and the numerous other health efforts that link a student's health to greater academic achievement and increased graduation rates.

Similar Healthful Living Coordinator funding was provided by the N.C. General Assembly for a 10-year period starting in the mid-1980s. During the funding cycle, this successful program was able to generate additional funding to meet, and in numerous situations surpass, the cost to the state by having a full-time health advocate to write for grants and secure funding from foundations, hospitals and other funding streams for health-related programs.

Healthful Living Coordinators could work collaboratively with the Local Health Department Obesity Prevention staff (see Recommendation #1).

Budget:

<u>1 FTE per LEA</u>
Year 1: $75,000 per 115 LEAs = $8,625,000
Year 2: $50,000 per 115 LEAs = $5,750,000
Year 3: $25,000 per 115 LEAs = $2,875,000
(Note: The local Board of Education shall work to guarantee continued funding of this position after the initial three years.)

TOTAL: $8.6, 5.7, and 2.9 million over year 1, 2 and 3

#5. All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.

Rationale/Overall Justification:

For the most effective and efficient evaluation of North Carolina's progress in addressing childhood obesity, it is important to measure progress and to identify where efforts have been the most successful and where more efforts are needed. This is true for prevention strategies across community, home, environments, and schools. Determining the most appropriate ways to measure progress will require collaboration between the service delivery community, public health, public instruction, the university and research communities, state foundations, policy makers, and other agencies addressing childhood obesity.

In the school setting, two measurement tools that can help identify progress in North Carolina schools are IsPOD and SLIMS. With a $4 million Kate B. Reynolds Charitable Trust grant to continue pilot work funded by the Health and Wellness Trust Fund, NCAAHPERD is rolling out the In-School Prevention of Obesity and Disease (IsPOD) Initiative. This program will use the evidence-based SPARK curriculum for physical education and will include continuous evaluation of the program. This evaluation will include the collection of BMI from all K-8 students and information from the FITNESSGRAM.

Another measure that will have utility in the state is the use of School Level Impact Measures, or SLIMS. These measures were identified by the Centers for Disease Control and Prevention (CDC) Division of Adolescent School Health (DASH) to assess the percent of secondary schools in their implementation of policies and practices recommended by CDC to address critical health problems faced by children and adolescents.

Current efforts between DPI, DPH and IsPOD have resulted in a collaborative effort to develop data streams to the State Center for Health Statistics for the management and evaluation of BMI and SLIMS data from the LEAs across the state. This data will be analyzed and reported to all interested parties.

Other intervention locations can use BMI and FITNESSGRAM tools used in IsPOD or components of the SLIMs to measure the impact outside of school settings so that all state initiatives use common tools.

Funding for evaluation will need to be incorporated into all childhood obesity efforts.

Budget: None

Category #1: Providing Healthier Food to Students

#6. Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions:

- **A. the school district is in full compliance with the State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and**
- **B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance.**

The N.C. General Assembly should appropriate $20 million annually to the N.C. Department of Public Instruction to support the full and consistent implementation of the SBE-adopted nutrition standards in elementary schools.

Rationale/Overall Justification:

The development of state-wide standards for all foods and beverages in schools was a key policy recommendation from the Healthy Weight Initiative. As a result, in December 2003, the Division of Public Health convened a consensus panel of experts to make recommendations for nutrition standards. A six-person writing team was formed to compose the standards based on recommendations from the expert panel. In May 2004 the document *Eat Smart: N.C.'s Recommended Standards for all Foods Available in School* was released. The recommendations provided a blueprint for gradual change in the nutritional composition of foods and beverages served in the state's public schools. The consensus panel proposed that the nutrition standards should be voluntary and would be most effective if implemented gradually, possibly over a ten-year period.

Upon the recommendation of the Childhood Obesity Study Committee of the Health and Wellness Trust Fund, the N.C. General Assembly enacted legislation in 2005 that would gradually improve the nutrition integrity of foods and beverages available on school campuses throughout the school day. As part of this legislation, the N.C. General Assembly directed the N.C. State Board of Education (SBE) to adopt nutrition standards for elementary schools followed by middle and high schools. The standards were to be developed in consultation with Child Nutrition Directors in the state's public school systems and were to be piloted for achievability, affordability and student appeal prior to adoption by the SBE.

Simultaneously, the N.C. General Assembly appropriated $25,000 to fund the pilots of nutrition standards in the elementary schools of eight Local Education Agencies (LEAs) throughout the state. According to the legislation, LEAs that participated in the pilots were to be held financially harmless for any losses that occurred in the Child Nutrition Program as a result of testing the nutrition standards; the $25,000 was earmarked to reimburse the LEAs participating in the pilots for any financial loss that occurred as a result of implementing the nutrition standards.

The nutrition standards were piloted in 124 elementary schools from January 2005 through mid-May 2005. In less than five months of piloting the nutrition standards, LEAs lost, collectively, 15 times the amount that was appropriated to fund the pilots. As a result of the financial loss, the

pilots were discontinued. However, during this time, the Child Nutrition Directors (CNDs) in these districts obtained adequate information about product availability, student appeal and affordability to make recommendations for nutrition standards in elementary schools to CNDs throughout the state and subsequently to the SBE. In October 2006, the SBE adopted nutrition standards for elementary schools. According to SBE Policy EEO-S-002, all elementary schools were to implement the nutrition standards by the beginning of the 2008 school year.

Pilots of the nutrition standards in elementary schools indicated that healthful school meals and snacks would decrease revenues and increase cost in the Child Nutrition program. Specifically, the pilots revealed a loss of revenues from the sale of a la carte foods and beverages, most of which were high in fat and/or sugar and calories. These low-nutrient, low-cost foods were replaced with fresh fruits and vegetables, whole-grain products and low-fat (1%) or skim milk. The increased cost associated with purchasing, preparing and serving these items increased operating costs in the pilot schools.

The following table shows actual and projected revenue losses based on implementation of the nutrient standards in elementary schools after modification. The losses are a direct result of the reduction in a la carte foods and beverages available to students and the increased cost of more healthful foods and beverages. The cost of implementing the nutrition standards does not reflect the labor costs associated with preparing and serving fresh fruits and vegetables and whole-grain products, nor does it include the cost to purchase equipment necessary to prepare and store more healthful foods and beverages.

	Cost of implementing nutrition standards (90 days)	Extended cost of implementing nutrition standards (180 days)	Projected cost of implementing nutrition standards in N.C.'s Elementary Schools
Number of Schools/Length of Time	124 Pilot Schools Average cost (per school) for 90 days	124 Pilot Schools Average extended cost (per school) for 180 days	1,170 Elementary Schools Projected cost for 180 days
Average revenue loss from sale of a la carte items	$5,377	$10,754	$12,582,180
Average increase in food cost	$3,184	$6,368	$7,450,560
Cost of implementing nutrition standards	**$8,561**	**$17,122**	**$20,032,740**

Prepared by Child Nutrition Services Section, N.C. Department of Public Instruction, March 2006

Budget: (per table above)

TOTAL: $20 million annually

#7. The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.

Rationale/Overall Justification:

The family's influence on a student's food habits is far more powerful than that of the school. However, schools can play a significant role in helping students develop lifelong healthful eating habits that contribute to optimal health. One of the most important roles schools play in promoting healthy eating habits is to provide clear, accurate, and consistent messages to students about healthful food and beverage choices. This process begins in the classroom where students are provided age- and developmentally-appropriate nutrition education, and continues as students are provided the opportunity to select from a variety of wholesome, nutritious and appealing foods in the school dining room.

All too often, students are not given adequate time to select and consume their meals, especially during the lunch period. The average amount of time allotted to students in middle and high schools to select and consume their meal is only 17 minutes; students report this amount of time is not sufficient to select and consume their meals. As a result, many students choose less healthful items from school-operated vending machines as substitutes for healthful options available in the school dining room, or they choose not to eat at all.

Students must have adequate time to select and consume healthful school meals. Meal time should be counted from the time students begin to eat their meal and should not include time spent waiting in line. Adequate time is defined as at least 30 minutes of seat time for lunch, 15 minutes of seat time for breakfast, and allowing students with special needs appropriate amounts of time to accommodate their needs. Further, lunch periods should be planned as near to the middle of the school day as possible to increase the likelihood that students will eat full meals, and schools should avoid scheduling other activities such as assemblies, tutoring, or student club/organization meetings during school meal times.

Budget: None

#8. The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.

Rationale/Overall Justification:

Schools play an important role in helping students develop healthful eating habits by providing clear, accurate and consistent messages. Nutrition education in the classroom helps ensure students comprehend the basic requirements of a healthful diet, and when students are given the opportunity to practice the concepts mastered in the classroom by making healthful choices in the school dining room, healthy food and beverage concepts are reinforced. However, messages about healthful food and beverage choices and nutrition messages disseminated in the classroom should extend throughout the campus and should reflect food and beverage choices available to students in a variety of areas on the school campus including, but not limited to, school-operated vending machines, school stores, school/class celebrations and fund-raisers. In 2005, the N.C. General Assembly enacted legislation to define the allowable contents of school-owned vending machines (GS 115C-264.2 prescribes the contents of the school-owned vending machines). Yet, at present, there is no mechanism to monitor the contents of the machines.

This situation could be addressed if all LEAs required principals who are responsible for school-operated vending machines to sign a Memorandum of Agreement with vendors that ensures the machines will be stocked with foods and beverages as allowed in the statute. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate compliance with the General Statute. (Note: This recommendation applies to school-operated vending machines and does not apply to vending devices used in conjunction with the Child Nutrition Program as these machines only dispense a la carte foods and beverages allowed in the federally-funded Child Nutrition Program.)

Budget: None

#9. The N.C. General Assembly should direct the N.C. State Board of Education to 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.

Rationale/Overall Justification:

In response to growing concerns over childhood obesity, state and national attention has focused on the need to establish nutrition standards for foods and beverages available to students throughout the school day. Upon the recommendation of the Childhood Obesity Study Committee of the Health and Wellness Trust Fund, the N.C General Assembly enacted legislation in 2005 that would gradually improve the nutritional integrity of foods and beverages available on school campuses throughout the school day. Specifically, the N.C. General Assembly directed the N.C. State Board of Education to adopt nutrition standards for school meals, a la carte foods and beverages and items served in the After School Snack Program (GS 115C-264.3). Simultaneously, the N.C. General Assembly enacted legislation to determine the contents of school-operated vending machines that dispense snacks and beverages outside the school meals program (GS 115C-264.2). However, the legislation does not reflect food and beverage sales in school stores, snack bars, as fund-raisers or through any other vending outlet on the school campus. In addition, the legislation no longer reflects newly-developed products available in the snack and beverage marketplace, many of which are lower in calories and higher in nutrients than those mandated in the statute.

All foods and beverages available on the school campus should comply with consistent nutrition recommendations as defined in the most current edition of the Dietary Guidelines for Americans. Nutrition standards for foods and beverages available in school meals, snack and beverage vending, fund-raisers and all other vending operations on the school campus should be consistent throughout the school campus and consistent with current science and best practices in the school nutrition industry.

The N.C. State Board of Education has successfully achieved consensus among key stakeholders in developing nutrition standards for school meals. This same model of success and consensus should be applied in developing nutrition standards for foods and beverages available outside the school meals environment to ensure consistency throughout the school campus. These standards shall be developed in direct consultation with a cross-section of child health advocates, local directors of Child Nutrition Programs, representatives from beverage and snack industries and members of the Childhood Obesity Study Commission of the HWTF. The nutrition standards for beverages and snacks will promote the gradual reduction of sugar, fat (including saturated and trans fats) and calories while increasing nutrient density. The SBE should have the authority to examine the standards on an annual basis and make modifications that reflect current products in the school nutrition marketplace, best practices in the industry, and science-based evidence as reflected in the most current edition of The Dietary Guidelines for Americans.

Budget: None

#10. The N.C. Division of Public Health and the N.C. Partnership for Children, Inc. (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).

The N.C. General Assembly should appropriate $70,000 to the N.C. Division of Public Health and $325,000 to the N.C. Partnership for Children, Inc. (NCPC) annually for these activities.

Rationale/Overall Justification:

Making positive changes in nutrition and physical activity among preschool-age children is a way to preempt the increasing prevalence of overweight and obesity among children in the state. According to the N.C. Division of Public Health's North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) 2007 report, 31 percent of North Carolina's children two to four years of age are considered at risk for becoming overweight or are overweight as measured by BMI-for-Age. This means that of the 98,795 young children who were seen in N.C. Public Health Sponsored WIC and Child Health Clinics and some School-Based Health Centers, roughly one-third (30,649) of the children were at-risk or were already overweight. Proportionately, Hispanic children (ages 2-4 years) have higher rates of obesity compared with other ethnic groups (20.3% are overweight compared to 15.8% of white children). The average number of children in subsidized child care in North Carolina is 149,000. In addition, there are an estimated 150,000 children participating in the Child and Adult Care Food Program on an average day. The most vulnerable population for nutrition standards may be children in childcare. Like school-age children, they receive the majority of calories and nutrients in the childcare setting (two meals and a snack each day).

Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) offers an opportunity to bring attention to both nutrition and physical activity in the preschool setting. NAP-SACC is an evidence-based intervention aimed at improving the eating and physical activity environments in child care centers. The NAP-SACC program includes a self-assessment used to enhance policies, practices and environments in the child care setting. Participation in NAP-SACC by child care facilities can:

- improve the nutritional quality of food served,
- increase the amount and quality of physical activity,
- improve staff-child interactions, and
- improve facility nutrition and physical activity policies and practices and related environmental characteristics.

Child Care Health Consultants, operating through The N.C. Partnership for Children (NCPC), Inc. (Smart Start) would provide NAP-SACC.

Currently, the NAP-SACC program is not universally implemented in the state. Expansion of the NAP-SACC initiative to 500 child care centers (NAP-SACC-NC**)** would improve nutrition quality and the amount and quality of physical activity provided to young children across the state.

Budget:

Personnel:

4 FTEs as additional Child Care Health Consultants (CCHC) through NCPC:
……..$250,000 (salary and benefits) recurring annually to NCPC

1 FTE at DPH to coordinate activities, train personnel, work on implementation of rating system and monitor evaluation:
……$70,000 (salary and benefits) recurring annually to DPH

.50 FTE at NCPC to coordinate activities and provide technical assistance to DPH:
……$40,000 (salary and benefits) recurring annually to NCPC

Related training and evaluation expenses:
……$35,000 to NCPC

TOTAL: $395,000 annually

 # 11. The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.

Rationale/Overall Justification:

In 2000, the Division of Child Development (DCD) began issuing star-rated licenses to all eligible Child Care Centers and Family Child Care Homes. Facilities can receive one to five stars. A rating of one star means that a childcare program meets North Carolina's minimum licensing standards for childcare. Programs that choose to voluntarily meet higher standards can apply for a two- to five-star license. The star rating was initially composed of a facility's scores in three quality components: 1) staff education, 2) program standards, and 3) compliance history.

In 2005, DCD changed the way facilities are evaluated in order to give parents better information about a program's quality. The new rules make a 75 percent "compliance history" a minimum standard for any licensed facility. Because it is now a minimum requirement, newly licensed facilities (and eventually all programs as they transition to the revised rated license) earn the star rating based on only the two components that give parents the best indication of quality – staff education and program standards.

More work is needed to incorporate systemic and sustainable improvements in nutrition and physical activity standards in early childhood settings. As addressed by the N.C. Health and Wellness Trust Fund's Fit Families N.C. Study Committee on Childhood Obesity (www.healthwellnc.com/hwtfc/pdffiles/FitFamilies-StudyCommitteeReport05.pdf), there is a need to review North Carolina's childcare star-rating system in order to develop and assimilate proven measures that would enhance current systems. This should include establishing healthy nutrition and physical activity practices as a childcare quality indicator.

Incorporating systemic improvements in nutrition and physical activity standards in early childhood settings by establishing healthy nutrition and physical activity practices as a childcare quality indicator would guarantee that these improvements are sustainable.

Budget: None

Category #2: Improving the Availability of Healthy Foods at Home and in the Community

#12. The N.C. Division of Public Health should offer technical assistance to state agency workplaces (e.g., N.C. State Health Plan, schools) for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children. The N.C. Department of Public Instruction should assist with these efforts in schools.

The N.C. General Assembly should appropriate $337,000 to the N.C. Division of Public Health and $77,000 to the N.C. Department of Public Instruction annually for these efforts.

Rationale/Overall Justification:

Given that behaviors children develop regarding nutrition and physical activity are influenced by parents, school administrators, and other mentors, it is important to try to assist parents and role models in adopting positive health behaviors.

The worksite, where many adults spend the majority of their day, can be used as an intervention site for promoting positive behavior change for physical activity and good nutrition. Worksite wellness programs, healthy food choices in worksite settings, and even access to farmers' markets at the workplace can assist adults in adopting and maintaining healthy behaviors that they model to the children they influence. While worksite interventions where all parents work is critical, school systems are one important worksite location to emphasize. Children spend up to eight hours a day with teachers and school staff. Behaviors modeled by adults in this environment will affect children's behaviors, especially in the elementary grades. With a strong employee wellness program implemented in the schools, staff and teachers not only begin to adopt healthier behaviors but also are more likely to encourage students to try to be healthy.

Evidence supports the importance of worksite wellness programs in influencing the creation of a healthier workforce to contain rising health care costs and reduce the health impact employees are facing. The N.C. Health*Smart* Initiative and the CDC program, STAR School Employee Wellness, are both programs that can be used to address the needs of the growing number of employees in North Carolina who are at risk for developing, or are already living with, chronic illnesses and conditions.

Budget:

Personnel to implement N.C. Health*Smart* Worksite Wellness Program or STAR School Employee Wellness Program
……..$308,400 (4.0 FTEs) recurring annually to DPH and $77,000 (1.0 FTE) at DPI

Non-personnel costs to implement Worksite Wellness Program
…… $28,700 recurring annually to DPH

TOTAL: $414,100 annually

#13. The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.

Rationale/Overall Justification:

Though Americans eat out more than ever before, few restaurants provide nutrition information at the point of purchase. This is especially problematic in fast-food restaurants, where frequent intake of calorie-dense food is associated with increased caloric intake, weight gain, overweight and obesity. Without clear, easy-to-use nutrition information at the point of ordering, it's difficult to make informed choices at restaurants.

In a broad health-impact assessment of the potential effect of a menu labeling law in California, the County of Los Angeles Public Health staff recently assessed the impact of prominent menu labeling. They report that "using conservative assumptions that calorie postings would result in 10 percent of large chain restaurant patrons ordering reduced calorie meals, with an average reduction of 100 calories per meal, and no compensatory increase in other food consumption; menu labeling would avert 38.9 percent of the 6.75 million pound average annual weight gain in the county population aged 5 years and older. Substantially larger impacts would be realized if higher percentages of restaurant patrons ordered reduced calorie meals or average per meal calorie reductions increased."

More than 20 states and localities are considering policies that would require fast-food and other chain restaurants to provide calories and other nutrition information on menus and menu boards—four have already passed policies. California's recent bill [SB 1420 (Padilla)] addressing menu labeling was signed into law in September 2008. The bill applies to restaurant chains with 20 or more outlets in the state, and is defined by law as, "a food facility in the state that operates under common ownership or control with at least 19 other food facilities with the same name in the state that offer for sale substantially the same menu items, or operates as a franchised outlet of a parent company with at least 19 other franchised outlets with the same name in the state that offer for sale substantially the same menu items." The bill does not apply to certain designated food facilities including school cafeterias, grocery stores, convenience stores and farmers' markets. California assumes that local public health departments, either through their environmental health and/or nutrition sections, will monitor compliance with the law.

The Center for Science in the Public Interest is leading efforts in development of national legislation to require menu labeling (www.cspinet.org/menulabeling/).

Budget: None

#14. Community Care of North Carolina (CCNC) should continue rollout of the Childhood Obesity Prevention Initiative, including dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families.

The N.C. General Assembly should appropriate $174,000, in non-recurring funds, to CCNC for these efforts.

Rationale/Overall Justification:

Although most approaches to address childhood obesity focus on school policies and environmental changes, the health care system is a critical component of the comprehensive approach needed to effectively change obesity prevalence among children. Multiple professional agencies support the importance of training and competency of healthcare professionals in preventing, identifying and treating affected children and families. Using these and other recommendations, the Pediatric Obesity Clinician Reference Guide was developed by a committee of North Carolina physicians in collaboration with *Eat Smart Move More NC.* To complement the Pediatric Obesity Clinician Reference Guide, several other tools are provided including:

- Obesity Prevention and Treatment Recommendations card,
- BMI screening charts (adapted from CDC charts),
- Eating Habits and Physical Activity Assessment questionnaires,
- Patient education sheets for Healthy Eating and Physical Activity, and
- Referral to a Registered and/or Licensed Dietitian/Nutritionist as needed.

Currently, a pilot project of the use of these tools and guidelines is being conducted through the Community Care of North Carolina (CCNC) Childhood Obesity Prevention Initiative. The goal of the project is to promote practice-based standardized screening with prevention messages for all children, to increase provider self-efficacy in treating childhood obesity, and to develop effective linkages between the child's primary care provider and existing community resources. Four CCNC networks are participating in the initiative which specifically targets 187 primary care practices seeing 102,000 Medicaid-enrolled children aged 2-18. The two-year pilot (January 2008- December 2009) is funded by a Kate B. Reynolds Charitable Trust grant with in-kind support from the Office of Rural Health and Community Care and the North Carolina Foundation for Advanced Health Programs.

While an evaluation of the pilot is ongoing, the North Carolina Task Force on Preventing Childhood Obesity notes that a continued rollout of this process across the state would be worthwhile, given the strong evidence-base on which it was designed and the focus on only process measures for the pilot.

Budget:

One-time training, CME costs for 10 remaining CCNC networks and production of tool kit for remaining 3,000 CCNC providers:
……$174,000 in non-recurring cost

TOTAL: $174,000 non-recurring cost

Category #3: Increasing the Frequency, Intensity, and Duration of Physical Activity in the Schools

#15. The N.C. General Assembly should require the N. C. State Board of Education (SBE) to implement a five year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and the Healthy Active Children Policy.

Appropriate funding for full implementation by 2013 should be provided by the N.C. General Assembly.

Rationale/Overall Justification:

The terms "physical activity" and "physical education" are often used interchangeably. However, they differ in important ways. Understanding the difference between the two is critical to understanding why both contribute to the development of healthy, active children. Physical activity is a *behavior*. Physical education is a *curriculum (or a class)* that includes physical activity.

PHYSICAL EDUCATION is a curriculum (or a class) taught by a qualified physical education teacher. Physical education is critical to teach students the skills they need to be physically active for life and to practice those skills under the observation of a qualified physical educator. Physical educators assess student knowledge, motor and social skills, and provide instruction in a supportive environment.

PHYSICAL ACTIVITY is any bodily movement that is produced by moving muscles. Physical activity may include planned activity such as walking, running, basketball or other sports. It may also include other daily activities such as yard work or walking the dog.

HEALTHFUL LIVING is a combination of health education and physical education. The two courses should complement each other. Students should experience a sequential educational program that will involve learning a variety of skills that enhance a person's quality of life.

An appropriate amount of time for quality physical education is recommended by the Centers of Disease Control and Prevention, N.C. State Board of Education Healthy Active Children Policy, the National Association of Sport and Physical Education (NASPE), and the N.C. Alliance for Athletics, Health, Physical Education, Recreation and Dance (NCAAHPERD), as well as other leading national and state organizations. Most of our children are in schools on a daily basis where opportunities exist for learning about healthy nutrition, prevention of health-risk behaviors, and positive physical activity. According to the NASPE guidelines, a high-quality physical education program includes the opportunity to learn, meaningful content and appropriate instruction.

The elements below provide a comprehensive reform framework for impacting physical activity and physical education efforts under the following timeline:

Year	Grade	Implementation Date
Year 1	K-2	September 2010
Year 2	3-5	September 2011
Year 3	6-8	September 2012
Year 4	9-12	September 2013

Elements of the **phase-in of elementary school physical education program** include:

- At least 150 minutes of physical education provided every week;
- Physical education taught by licensed physical education teachers;
- Physical education assessments measuring knowledge, skill and fitness; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **phase-in of the Healthful Living middle school physical education** program include:

- At least 225 minutes of healthful living provided every week;
- Physical education and health education are both taught by licensed teachers;
- Healthful Living assessments to measure knowledge, skill and fitness of students; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **phase-in of the Healthful Living high school physical education** program include:

- One additional year of physical education as a high school graduation requirement;
- Inclusion of Healthful Living Honors Courses developed by DPI;
- Physical education and health education are both taught by licensed teachers;
- Healthful Living assessments to measure knowledge, skill and fitness of students; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **evaluation process of the quality and the impact of physical education** program include opportunity to learn, meaningful content and appropriate instruction as outlined in NASPE guidelines. Specific evaluation components will include:

- Impact of physical education (ongoing with DPI, NCAAHPERD and IsPOD);
- Impact of level of physical activity and amount of physical education on students' ability to learn effectively and maximize performance in school;
- Measurement of the impact of the instructional process in physical education (i.e., full inclusion of students, maximum participation, adequate levels of equipment, use of ongoing assessment, certified teachers) through the new 2008 North Carolina Professional Teacher Standards; and
- Evaluation by an independent external evaluator to assess the costs and the impact of quality physical education in North Carolina.

Budget: To be determined in collaboration with the General Assembly (preliminary estimates from an informal survey have estimated $90 million over 10 years). Funding for full implementation by 2013 should be determined and allocated.

Category #4: Encouraging Communities to Establish a Master Plan for Pedestrian and Bicycle Pathways

#16. The N.C. Division of Public Health should expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans that prioritize the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.

The N.C. General Assembly should appropriate $3.3 million annually to N.C. Division of Public Health for five years to expand this grants program.

Rationale/Overall Justification:

Active Living Plans strive to create environments that promote physical activity. This often takes more than just building a sidewalk or greenway. In order to change sedentary behavior, there needs to be the adoption of a holistic approach that connects policy, programs, promotions, and physical projects. One of the goals of an Active Living plan is to promote physical activity by increasing proximity to routine destinations and accessibility of parks and greenspaces. This expands opportunities for active routine travel and recreation. There is growing evidence that segregated and spread-out land-use patterns make walking, biking, transit and other forms of active transportation very difficult; promote automobile dependency; and increase health and safety risks for those who are active. A more compact and integrated land-use system that is more supportive of active transportation and routine recreational use of parks and greenspace would help make healthy levels of physical activity more attainable for large numbers of people during their daily routine.

Additional resources for planning and implementation for Active Living Plans would allow for: support of programs in both rural and urban areas; needed collaboration with a wide consortium of community partners; planning to identify what active living infrastructure exists and what is needed; development of policies to guide public and private investment in active living infrastructure; implementation of physical projects such as new sidewalks, bike paths, and parks to provide residents with places to be active and children the ability to walk to school; and promotions and programs to encourage the use of these facilities; along with independent evaluation of these projects.

Budget:

Increase capacity of existing Community Grants Program to assist 15 local communities (not receiving resources from other Eat Smart Move More grants) to develop and implement Active Living Plans
……$3.3 million annually to DPH to expand existing competitive grant program (including grants to communities and support at state level for technical assistance)

TOTAL: $3.3 million annually for five years

#17. The N.C. General Assembly 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.

Rationale/Overall Justification:

Increasing sidewalks, bicycle lanes, parks and other opportunities for physical activity and recreation will require resources for planning, design, preparation, implementation and maintenance. Local revenue will be needed, even with federal support. Many urban counties, or counties contiguous to urban counties, have successfully implemented Active Living Plans with resources from local revenue sales tax options specifically designated for public transportation systems.

As stated in a report of the Intermodal Committee, increasing tax revenue for activities similar to implementing Active Living Plans will "allow the State's urban regions to remain good places to live, environmentally sound and economically viable. They allow new urban growth to be absorbed in an environmentally friendly manner, reducing demands on highways and infrastructure, and helping localities target and benefit from economic development."

Legislation to authorize counties/municipalities the local option to hold a referendum to increase the sales tax for community transportation, parks and sidewalks was filed in the 2007/2008 session as part of HB 2363, Congestion Relief and Intermodal Transportation 21st Century Fund but it was not approved. Details can be found at: (www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=HB+2363)

Budget: None

#18. The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors, Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities.

A. The interagency commission should:

- **leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces;**
- **address liability protection for shared use of schools and for encouragement of safe routes to schools; and**
- **examine current policies to promote the citing and development of more walkable schools.**

B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.

Rationale/Overall Justification:

The need for proactive, comprehensive planning for healthier environments in North Carolina is urgent given the growth in the state, the loss of greenspace, the limited public transportation system, and the negative effects these changes have on the decreases in levels of physical activity.

Collaboration between many disciplines is needed in order to support active living environments. These include land-use planning, transportation, parks, trails and greenways, school development teams, communications, public health, design, community development and many others.

Efforts with this interagency group could be used to effectively leverage resources for a variety of funding sources (federal, developers, and others) to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces. This group could also be used to examine current policies to promote the development of more walkable schools and communities.

Evaluation of the impact of active living policies on school transportation costs, economic development, potential savings, and other appropriate measures will need to be assessed in order to demonstrate the long-term outcomes associated with development of active living environments.

Budget: None

Category #5: Improving Access to Safe Places Where Children Can Play

#19. The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.

Rationale/Overall Justification:

Joint use agreements between school systems and the community are expected to delineate opportunities, guidelines, roles and responsibilities (e.g., regarding maintenance and liability) thereby allowing publicly supported facilities (i.e., schools) to be more fully utilized by the public.

The U.S. Department of Health and Human Services Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People (MMWR 1997;46 (No. RR-6)) recommend "schools and communities should coordinate their efforts to make the best use of their resources in promoting physical activity among young people." This includes having schools, which lack facilities, reach out to use community resources (i.e., YMCA, YWCA, Parks and Recreation field) during the school day.

Additionally, in May 2008, the Healthy Eating Active Living Convergence Partnership recommended that "schools promote healthy physical activities and incorporate them throughout the day, including before and after school." Specifically, this includes the recommendation to "establish joint-use agreements that allow use of public schools and facilities for recreation by the public during non-school hours."

Budget: None

#20. The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to:

- **A. provide recommendations for building joint park and school facilities, and**
- **B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).**

Rationale/Overall Justification:

The North Carolina G.S.115C-521 requires that "Local boards of education shall submit their long-range plans for meeting school facility needs to the N.C. State Board of Education by January 1, 1988, and every five years thereafter." In 1995, the North Carolina General Assembly authorized the School Capital Construction Study Commission and charged the Commission to conduct a comprehensive study of public school facility needs in the state. Needs documented in that study helped to justify the $1.8 billion state bond issue that was passed in 1996. It also changed the five-year cycle of the study.

The School Planning Section in the Division of School Support developed a uniform reporting system to assist North Carolina school districts, architects and designers in the planning and design of high quality school facilities that enhance education and provide lasting value to the children and citizens of the state.

Budget: None

#21. The N.C. 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.

The N.C. General Assembly should appropriate an additional $1.5 million to the N.C. Division of Parks and Recreation for this program.

Rationale/Overall Justification:

The U.S. Preventive Services Task Force has substantiated the health benefit of enhancing access to places for physical activity. Recent research has gone even further, suggesting that increasing access to places for physical activity was "found to be cost-effective and offered good value for money, with gains in both survival and health-related [quality of life]." (Roux, AJM 2008)

With specific regard to childhood obesity prevention, public health science has validated the vital role of community recreational environments. Various studies have shown that "children's participation in physical activity is positively associated with publicly provided recreational infrastructure (access to recreational facilities and schools) and transport infrastructure (presence of sidewalks and controlled intersections, access to destinations and public transportation). (Davison, Lawson; InternJBehavNutPA 2006).

Trails and greenways play a vital role in childhood obesity prevention, yet resources for building, enhancing, and maintaining these infrastructure facilities do not meet current demand within North Carolina communities. The Adopt-A-Trail grant program is the only state resource specifically targeted for planning, building and maintaining trails and greenways. The Adopt-A-Trail Grant Program is currently budgeted at $108,000 annually, resulting in an average of 20 grants awarded annually at a maximum grant award of $5,000. The N.C. Division of Parks and Recreation receives an average of $2 million in requests for trail and greenway grant funding each year that it is unable to provide. An increase in the Adopt-A-Trail Grant Program as requested will allow the N.C. Division of Parks and Recreation to fund more quality trail and greenway projects across the state, and to increase the number of miles of trails and greenways available to children, citizens and guests of North Carolina.

Funding at this level will increase the number of quality grants that can be awarded to provide additional trail and greenway projects for children to recreate and to use as alternative transportation projects.

Budget:

Resources to Adopt-A-Trail Grant Program to fund trail and greenway projects across N.C.

……..$1.5 million annually to N.C. Division of Parks and Recreation

TOTAL: $1.5 million annually

Category #6: Activities or Programs that Limit Children's Screen Time

#22. The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should include interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities (as part of an overarching social marketing campaign) including:

- **A. implementing a statewide social marketing campaign (e.g.,"Tame the Tube") targeting parents and teachers of school-age children, and**
- **B. exploring partnerships with technology-based programs (e.g., digital interactive media) that can be used in schools, community settings and homes to promote physical activity and improved nutrition.**

Rationale/Overall Justification:

Because the factors that contribute to childhood overweight interact with each other, it is not possible to specify one behavior as the "cause" of overweight. However, certain behaviors can be identified as potentially contributing to an energy imbalance and, consequently, to overweight. One such behavior is sedentary behavior due to time spent watching TV, videos, DVDs, and movies. The surgeon general reports that 43 percent of adolescents watch more than two hours of television each day. Several studies have found a positive association between the time spent viewing television and increased prevalence of overweight in children.[29, 30, 31]

In response to the problem of childhood obesity, the American Academy of Pediatrics (AAP) created guidelines for children regarding physical activity and screen time, which includes both watching television and playing video games. They recommend that children should limit total screen time to two hours a day.

Demonstrating their understanding of the need for a comprehensive community response in developing and implementing programs promoting active lifestyles, the video-game industry has made great strides in technology that can be used in the schools, community and home settings to promote physical activity and improved nutrition. Potential interventions to moderate screen time for children can be developed in collaboration with the video game industry and other partners. Some of the new video games burn more calories than walking on a treadmill, as reported last year by the American Academy of Pediatrics. Interventions to potentially decrease sedentary screen time for children include social marketing messages to raise awareness of the effects on children. These messages are included in the social marketing campaign priorities (Recommendation #2).

Budget: Social marketing expenses for "Tame the Tube" messages are included in the overall recommendation for a social marketing campaign.

Appendix A:

North Carolina Task Force on Preventing Childhood Obesity
Process and Meeting Agendas

North Carolina Task Force on Preventing Childhood Obesity

Process

A series of three Task Force meetings were convened by Dr. Devlin and Chairman Lee:

- September 18, 2008: Current state activities addressing the prevention of childhood obesity in the N.C. Department of Health and Human Services, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund were reviewed.

- October 9, 2008: Draft recommendations were developed by Task Force members after presentations by the N.C. Institute of Medicine, the N.C. Department of Transportation, Active Living by Design, N.C. Recreation and Park Association, and other public comments. After this meeting, recommendations were expanded by the steering committee members based on discussion and a draft document was sent to Task Force members and other interested parties on November 7 for review prior to the third meeting.

- November 14, 2008: Task Force members responded to draft recommendations and voted on prioritization of recommendations. After the third meeting, the recommendations were updated by steering committee members based on Task Force comments and concerns. This document was sent to all Task Force members on December 2 for review and approval. Final comments were due from Task Force members on December 5 for compilation.

Agenda from September 18, 2008 meeting

Task Force on Preventing Childhood Obesity
Location: Heart Center Conference Center, WakeMed Campus, Raleigh
September 18, 2008, 10:00 am - 3:00 pm

10:00 – 10:20	**Welcome & Introductions** **William Atkinson, PhD, MPH, MPA** President and CEO of WakeMed **Co-Chairs:** **Leah Devlin, DDS, MPH** State Health Director N.C. Department of Health and Human Services **Howard N. Lee** Chairman, N.C. State Board of Education
10:20-10:35	***Eat Smart Move More* N.C.'s Plan to Prevent Overweight, Obesity and Related Chronic Diseases, Goals and Objectives** **Dave Gardner** Advocacy Committee Chair of ESMM Executive Committee
	North Carolina Initiatives to Prevent Childhood Obesity
10:35 – 11:00	**Marcus Plescia** Section Chief, Chronic Disease and Injury Division of Public Health
11:00 – 11:25	**Vandana Shah** Executive Director N.C. Health and Wellness Trust Fund
11:25 – 11:50	**Paula Hudson Collins** Senior Policy Advisor for Healthy Responsible Students N.C. State Board of Education Office
11:50-12:00	**The Roles of the Obesity Task Force and Pilot Program *Think Tank*** **Paula Hudson Collins**
12:00-12:30	**The Educator's Role in Addressing Childhood Obesity** **J. Allen Queen** Professor and Former Chair of Educational Leadership, UN.C.C
12:30 – 1:15	**Lunch** Meeting adjourned for Obesity Task Force Members at 1:15 *Think Tank* Participants will Reconvene at 1:15 (agenda on back)

Agenda for *Think Tank* for Childhood Obesity Pilot Program

September 18, 2008, 1:15 - 3:00 pm

1:15 – 1:45	**Impacting Childhood Obesity** **J. Allen Queen** **Donald Schumacher, MD** Co-founder and Medical Director of the Center for Nutrition and Preventive Medicine, Charlotte N.C.
1:45 – 2:45	**Group Discussion: Critical Components of School Obesity Prevention Programs**
2:45 – 3:00	**Closure and Next Steps**

Agenda from October 9, 2008 meeting

Task Force on Preventing Childhood Obesity
Location: Cardinal Room, Division of Public Health, 5605 Six Forks Rd, Raleigh
October 9, 2008; 10:00 am - 3:00 pm

10:00 – 10:15	**Welcome & Introductions; Co-Chairs** **Leah Devlin, DDS, MPH** State Health Director N.C. Department of Health and Human Services **Howard N. Lee** Chairman, N.C. State Board of Education
10:15 - 11:00	**Summary of N.C. IOM Prevention and Adolescent Task Force Activity Relating to Prevention of Childhood Obesity (Targeting Strategic Component # 1-3)** **Pam Silberman** President and CEO of N.C. Institute of Medicine
11:00 - 11:30	**Panel Discussion: Master Plans for Pedestrian and Bikeway and Safe Places to Play (Targeting Strategic Component # 4-5)** **Phillip Bors** Project Officer, Active Living by Design **Thomas Norman** Division of Bicycle and Pedestrian Transportation, Department of Transportation (DOT) **Mary Henderson** Director of Parks, Recreation and Cultural Resources, Cary N.C. Past President of N.C. Recreation and Parks Association
11:30 - 12:30	**Public Comment on the Development of the Strategic Plan**
12:30 – 1:00	**Lunch**
1:00 - 1:15	**Limiting Screen Time (Targeting Strategic Component # 6)** **Sheree Vodicka** Healthy Weight Communications Manager, PAN Branch, DPH
1:15 – 2:45	**Discussion and Development of Draft Recommendations Related to Six Components of Strategic Plan** **Marcus Plescia** (moderator)
2:45 – 3:00	**Concluding Remarks** **Leah Devlin**

Next Meeting: Friday, November 14
10am -1pm, Cardinal Room, Division of Public Health, 5605 Six Forks Road

Agenda from November 14, 2008 meeting

Task Force on Preventing Childhood Obesity
Location: Cardinal Room, Division of Public Health, 5605 Six Forks Rd, Raleigh
November 14, 2008; 10:00 am - 3:00 pm

10:00 – 10:15	**Welcome**
	Co-Chairs
	Leah Devlin, DDS, MPH State Health Director N.C. Department of Health and Human Services
	Howard N. Lee Chairman, N.C. State Board of Education
10:15 - 10:30	**Summary of Think Tank Committee**
	Paula Hudson Collins
10:30 - 10:45	**Summary of Recommendation Drafting Process**
	Ruth Petersen **Paula Collins**
10:45 - 12:30	**Presentation and Discussion of Obesity Task Force Recommendations by Topic**
	Overarching Recommendations Healthier foods to students Foods in community and home Physical activity Bike and pedestrian pathways Safe places to play Screen time
12:30 – 1:15	**Lunch**
1:15 – 2:45	**Continued Discussion with Prioritization of Obesity Task Force Recommendations**
2:45 – 3:00	**Concluding Remarks**
	Leah Devlin **Paula Collins**

Appendix B:

North Carolina's Obesity Data Summary and References

North Carolina's Obesity Data Summary and References

Prevalence of Obesity and Complications

- In 2006, a total of 60.8 percent of N.C. adults (4 million) were overweight or obese
- In 2006, N.C. had the fifth highest rate of obese children in the nation. [9, 10]
- Four of the 10 leading causes of death in the United States are related to obesity, including coronary heart disease, type 2 diabetes, stroke and several forms of cancer.
- Overweight and obesity also increase the severity of disease associated with hypertension, arthritis and other musculoskeletal problems.[11]
- Among children and youth, obesity is associated with an increased risk of high cholesterol, liver abnormalities, diabetes and becoming an overweight adult.[12]
- Obese children and youth can develop type 2 diabetes, high blood lipids, hypertension, asthma, sleep apnea, early maturation and orthopedic problems.
- This may be the first generation of children and youth in history to have a shorter life expectancy than their parents due to obesity-related health problems.[13]
- For ages 6-17, 16% were overweight, and another 16% were obese (combined 32% are overweight or obese), compared to 64% who were at a healthy weight.[14]

Unhealthy Behaviors Lead to Obesity

- According to the 2006 Child Health Assessment and Monitoring Program (CHAMP) survey, one-third of N.C. parents surveyed (30.3%) reported that their child typically consumed one serving or less of vegetables per day.[15]
- Nearly 23 percent of children and youth and nearly 40 percent of adults got no leisure-time physical activity at all.[16]
- One in three N.C. parents (34.2%) reported that their child ate fast food two or more times per week, [17] and nearly 80% of adults and 85% of high school students ate less than five servings of fruits and vegetables each day, the minimum recommended for good health.[18,19]
- In 2006, half (49.9%) of N.C. parents reported that their child watched more than two hours of television on a typical day. Of these parents, almost one in ten (8.9%) reported that their child watched more than four hours of television a day.
- Nearly two-thirds (64.4%) of parents responding to the CHAMP survey stated that they were trying to encourage more physical activity and/or limit TV/video/computer game time for their child. [20]

Costs of Obesity to the U.S. and N.C.

- Nationally, obesity-attributable medical expenditures are estimated at $75 billion, with $17 billion financed by Medicare and $21 billion financed by Medicaid.[21]
- In 2003, six percent of N.C.'s healthcare expenses were related to obesity, which translated into over $2 billion.[22]
- In 2003, the cost of obesity in N.C. youth was nearly $16 million per year.[23]
- N.C. adults who were obese had costs 32% higher than those at a healthy weight. [24]
- The percent of state Medicaid expenditures attributable to obesity was nearly twice as high as for adults at a healthy weight and totaled $662 million.[25]
- A 2005 study estimated the annual economic costs of unhealthy lifestyles in North Carolina at $24.1billion; with the risk factors of lack of physical activity costing $9.1 billion; excess weight $9.7 billion; type 2 diabetes $3 billion; and inadequate fruit and vegetable consumption costing the state $2.4 billion.[26]

- In 2004, overweight N.C. adolescents had Medicaid expenditures that were 33 percent higher than those for healthy-weight adolescents, and the obese group had expenditures that were 25 percent higher.[27]
- In a study of the impact of obesity on in-patient hospital charges, children and youth with a secondary diagnosis of obesity had mean charges significantly higher for all four of the most common pediatric conditions requiring hospitalization (asthma, pneumonia, affective disorders and appendicitis) than their healthy-weight counterparts. The mean increased charges ranged from $523 to over $3,000 per hospital stay, depending on the primary diagnosis.[28]

For more information on the Burden of Obesity in North Carolina, please visit: http://www.eatsmartmovemorenc.com/ObesityInNC/ObesityInNC.html

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