

Task Force on Preventing Childhood Obesity
September 18, 2008, 10:00 am - 3:00 pm
Meeting minutes

Chairs: Leah Devlin, DDS, MPH, State Health Director, NC Department of Health and Human Services;
Howard N. Lee, Chairman, NC State Board of Education

Task Force Members present: Frank Amend, Robert Blackburn, Phil Bors (for Sarah Strunk), Debra Horton, Betsy LaForge, Beth Lovette, Beth Palien, Pam Seamans, Robert Seligson, Vandana Shah (speaker), Jeff Spade,

Interested persons present: Kymm Ballard, Suzi Bowden, Paula Hudson Collins (speaker), Christine Craig, Elizabeth Dalton, Dee Dee Downie, Andy Ellen, Dave Gardner (speaker), Cameron Graham, Butch Gunnells, Lynn Hoggard, Christopher Hollis, Representative Insko, Brenda Motsinger, Ruth Petersen, Marcus Plescia (speaker), Senator Purcell, J. Allen Queen (speaker), Rebecca Reeve, Donald Shumacher (speaker), Cathy Thomas, Walker Wilson, Representative YONGUE

Think tank Participants present: Alice Ammerman, Kevin Cane, Elizabeth J. Mayer Davis, Jon Easter, Pam Highsmith, Olson Huff, Bill Largarde, Jantia Larkins (for Dave Tayloe), Suzanne Lazorick, Kevin Leonard, Jennifer McDougall, Meg Molloy, Ron Morrow, Mark Piehl, Ivy Pointer, Mildred Ross (for Dave Tayloe), Robert Schwarz, Steve Shore

The goal of this meeting was to begin work on the Task Force on Preventing Childhood Obesity as established by the NC legislation. The task force is to be co-chaired by the State Health Director and the Chairman of the State Board of Education.

Charge: The Task Force is to review current State activities in the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund to 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 food 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 the 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.

The planning committee for the Task Force has asked that *Eat Smart Move More: NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* goals and objectives help frame the recommendations for the final report. The final report will be due January 2009 to the Educational Oversight Committee

***Eat Smart Move More* NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases;
Goals and Objectives**

Dave Gardner

Advocacy Committee Chair of ESMM Executive Committee

The ESMM plan is not a program. It is a movement that was developed by many partners (not specifically by DPH).

The ESMM mission is to reverse the rising tide of obesity and chronic disease among North Carolinians by helping them to eat smart, move more and achieve a healthy weight.

Goal 1 - Increase healthy eating and physical activity opportunities for all North Carolinians by fostering supportive policies and environments.

Goal 2 - Increase the percentage of North Carolinians who are at a healthy weight.

Goal 3 - Increase the percentage of North Carolinians who consume a healthy diet.

Goal 4 - Increase the percentage of North Carolina adults and children ages 2 and up who participate in the recommended amounts of physical activity.

The plan also recommends evidence-based strategies to promote healthy weight and work to reverse the obesity epidemic.

Framework for Strategic Plan for NC Obesity Task Force

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

Charged task force to look at these strategies and use ESMM as a guide and a plan as you move forward because it has:

- Common focus
- Common goals and outcomes
- Strategies
- Resources we do not have to reinvent
- Translation of strategies into recommendations

North Carolina Initiatives to Prevent Childhood Obesity: DPH Perspective

Marcus Plescia

Section Chief, Chronic Disease and Injury
Division of Public Health

Public Health takes a broad based approach and we try to work within evidence-based approaches. (Handout)

Focus Areas: Prevention settings, evidence-based approaches, policy, and priorities

Targeted interventions with medical setting, school, community, and worksite

- Medical setting – Pediatric Obesity Clinician Reference Guide and Energize! Program
- Worksite wellness– NC HealthSmart Worksite Wellness Toolkit, need a family approach. Perhaps we could begin by targeting the State Employee Population
- School level– Coordinated School Health Program (focus particularly with Family and Community Involvement, an integrated school, parent, and community approach for enhancing the health and well-being of students), School Health Advisory Councils, and even for early start

– we include day care also with Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC)

- Community level – Healthy Carolinians, Statewide Health Promotion, ESMM Community Grants
 - Often able to leverage local resources and funding support

Evidence-based Strategies

Guide to Community Preventive Services – Most evidence is tied back to physical activity, we are still awaiting evidence-based approaches to nutrition

1. Environment and Policy – 1) Enhanced access with outreach and 2) urban design and land use.
 - a. Active Community Environments (ACEs)
 - b. Built Environment
2. Behavior and Social – 1) school-based PA (good evidence base), 2) non-family social support (good evidence based), and 3) individually adapted behavior change
3. Informational – 1) Community-wide campaigns, and 2) point of decision prompts
 - a. Sign beside the elevator to remind employees to take the stairs.
 - b. Make health behaviors, fun, easy and popular, by selling the target audience on the benefits of adopting the new behavior

ESMM messages that have worked:

- Prepare more meals at home
- Tame the tube
- Choose to move more everyday
- Right-size your portions
- Re-think your drink
- Enjoy more fruits and veggies
- Breastfeed your baby

3 Key components for reducing the barriers to behavior change in public health are Media, Policy, and Systems Change. We must have all three for intervention or will not work

Key policies:

- Healthy Active Children Policy
- Safe Routes to School (encourage and enable more children to safely walk and bike to school)
- ESMM State Plan
- Childhood Obesity Prevention Project (COPP)
 - 1st state funds dedicated to childhood obesity
 - Selected counties – Cabarrus, Dare, Henderson, Moore, and Watauga (Appalachian District)
 - \$380,000 per county
 - Multi-level, multi-sector, integrated interventions
 - Evaluation – Partnerships, policy/environmental change, process, measures, intervention specific.

DPH priorities on Childhood Obesity

- Children Obesity Prevention Projects
- North Carolina State Employees' Worksite Wellness Program, including teachers

North Carolina Initiatives to Prevent Childhood Obesity: Health and Wellness Trust Fund Perspective

Vandana Shah

Executive Director

NC Health and Wellness Trust Fund

HWTF gives out approximately \$30 million every year but in future years that may go down since they will be doing debt service. Vandana provided a review of Health and Wellness Trust Fund (HWTF) basic history and purpose. She provided a review of the 2004 survey with NC Adults Regarding Obesity, which showed 74% wanted PE every grade level in school and 84% wanted healthy food choices.

Childhood Obesity grants (is important but not sole purpose)

21 grants totaling \$10 million organizations to address community change.

- Outcomes – required to work on policy change at local level nutrition and PA, cohort of students to follow which showed increase of BMI for those not in cohort and decrease for those in cohort. (ECU evaluated and reported data)
- Behaviors – less sweetened beverage declined, fewer children reported drinking whole milk, fewer children chose candy, chips, etc

Study Committee on childhood Obesity, Fit Families NC

- Three most significant
 - Nutrition standards for school meals
 - Law on soft drinks and vending
 - SBE Healthy Active Children policy
 - Still have outstanding efforts

Teacher Trainings for Energizers – 33,000 teachers in 88 LEAs

- With class size of 25, reached nearly 825,000 kids
- UNCG evaluated training
- 80% of teachers they were offering PA and after training, 88% of teachers reported offering PA

IN4Kids – Practices Based Nutrition Pilots to Reduce Childhood Obesity

A+ Fit schools – Designation and grants for fit schools

NCAAPERD-IsPOD – In School Prevention of Obesity and disease

FitTogether multimedia awareness campaign

FitCommunity – Grants and Designation for communities to promote healthy and active living, managed by Active Living by Design

HWTF has invested \$1.5 million in helping 24 communities become healthier places to live.

North Carolina Initiatives to Prevent Childhood Obesity: DPI Perspective

Paula Hudson Collins

Senior Policy Advisor for Healthy Responsible Students

NC State Board of Education Office

Review of Schools

90% of NCs children are in public schools on any given day.

Our message is “to graduate”

DPI houses NC Healthy Schools with 2 State funded positions, 5 federally funded, and 1 position at DHHS.

We need both students and teachers at school ready to learn and teach.

Child Nutrition Services Section

- 28 Federally funded positions – 18 housed regionally to directly serve LEAs and 2 federally funded positions housed at DPH.

- 50% of students depend on school meals for their primary source of nutrition.
- NC is 8th largest school meals program in the nation.

There is a positive link between academic success and health status

Charge of Task Force (legislation) what is DPI/ SBE doing?

(1) Healthier food to students

- DPI has formed the School Meals Initiative Team (SMI)
- Composed of 8 RDs/LDNs
- One per each of 8 educational regions
- Provides training, TA, and monitoring of LEA Child Nutrition Programs

A. Local Wellness Policies

- Physical Activity
- Nutrition Education
- Nutrition Standards
- Other School Based Activities
- The law requires goals, guidelines, assurances, a plan for measuring, and a plan for involving various stakeholders in each of these areas.

B. SBE developed nutrition standards for elementary schools per Dietary Guidelines for Americans.

- 95% of elementary schools have voluntarily implemented these standards, which are required for implementation in 2010.
- Middle School Nutrition standards (based on Dietary Guidelines) have been drafted.
- Implementing nutrition standards has contributed to a significant financial loss for the LEAs due to eliminating *A La Carte* foods and beverages.
- DPI is waiting for funding and estimates a cost of \$18 million to test the standards for Middle Schools.
- NC is the only state in the nation to require LEAs to document routine compliance with Federal and State nutrition standards.

C. SBE requires a semi-annual nutrient analysis and has purchased software to assist in nutrient analysis of menus

- The number of students with diabetes, Celiac Disease, food allergies and sensitivities is on the rise.
- SMI Teams work with the Section 504 Plans and accommodations to address these student needs and to provide appropriate meals.
- The sale of competitive foods and beverages undermines the nutritional, operational and financial integrity of the Child Nutrition Program.
- SBE policy prohibits the sale of foods/beverages to students (other than CNS) during the school day.

(2) Improving the availability of healthy foods at home and in the community

- Fresh Fruit and Vegetable Program
- \$1million grant, annually (32 ES)
- Parents report students asking for more fruits tasted at school and influence more fruits/vegetables coming into the home.

(3) Increasing frequency, intensity, and duration of physical activity in the schools

In recognition of the need for schools to become more active during the day, the SBE was among one of the first in the nation to adopt a comprehensive Healthy Active Children Policy.

A. Healthy Active Children Policy

- Requires School Health Advisory Councils in each LEA (SHACs)
- Mandates 30 minutes of physical activity daily (K-8)
- Recommends 150 minutes of physical education in elementary schools
- Recommends 225 minutes of Healthful Living Education in middle schools
- Protects recess and other PA time
- Promotes Coordinated School Health
- Reports to State Board of Education

B. One Million Dollar Grant to DPI from Kate B. Reynolds Charitable Trust

- Funding provided for physical education equipment and training

C. In School Prevention of Obesity and Disease (*IsPOD*)

- All physical educators conduct bi-annual *FITNESSGRAM* testing
- All North Carolina physical educators trained in *SPARK* as a baseline curriculum
- *Sports, Play, Active Recreation for Kids (SPARK)* statewide training
- 50,000 data sets
- Partnering with NCAHPERD and funded by KBR, HWTF, Blue Cross Blue Shield Foundation

D. In partnership with Be Active NC and funded by the Health and Wellness Trust Fund to implement the Healthy Active Children Policy and utilize the *Energizers*.

(4) Master plan for pedestrian and bicycle paths

- Encourage Walk/Bike to School Events
- Work with school architects to encourage open activity spaces

(5) Improving access to safe places where children can play

- Encourage joint-use policies for schools and communities
- Provide before and after school programs (e.g., 21st Century Learning Centers, Intramurals)

(6) Activities or programs that limit children's screen time

- Encourage time for activity in and out of the school day
- *LimTV* brochure produced by Healthy Schools Section
- Substitute interactive video games such as *HOPSports* and *Wii* sports for sedentary games

Southern Collaborative on Obesity Reduction Efforts (SCORE)

\$10,000 grant from Council of State Governments (CSG)

Educating Policy Makers

NC General Assembly

NC State Board of Education

NC School Boards Association

Others

Children must be healthy in order to be educated, and they must be educated to be healthy.

The Roles of the Obesity Task Force and Pilot Program *Think Tank*

Paula Hudson Collins

There is a distinction between the Task Force and the Think tank. The Task Force is to develop recommendations for Legislators on childhood obesity around the 6 areas mentioned already. The Think Tank is to address how \$500,000 in funding can be used to develop guidelines and pilots in schools that will best target childhood obesity. The group was asked to address: What does it look like, what should it have and how can we implement this to provide information for legislation?

The Educator's Role in Addressing Childhood Obesity

J. Allen Queen

Professor and Former Chair of Educational Leadership, UNCC

Major Barriers in addressing Obesity in School

- School role vs. Home role to address obesity?
 - Teachers – not their role or lack of program involvement
 - Teachers and Principals – Loss of Instructional Time and Negative Impact on Test Scores
- Principals – financial loss
- Coaches/ Clubs/ PTA – financial loss
- District Food Services – financial loss
- Local Board of Education – Limited Research Opportunities Due to Privacy Concerns
- Students – Food Choices
- Parents and Families – poverty, time, and awareness issues
- Successful Programs – sustaining positive results

How to remove barriers

- Local Board approval
- Strong instructional school leavers and principal support
- School faculty and staff participation and involved in planning
- Provide approach or program, which removes fear for loss of time
- Classroom, school and out of school components and support for students

Discussion of IMPACT Study (see slide set)

Lunch

Meeting adjourned for Obesity Task Force Members at 1:15

Think Tank Participants reconvened at 1:15