

Welcome



Announcement

Meeting will begin in 10 minutes



Welcome



Executive Committee Members

Joanne Lee, Chair

Sherée Vodicka, Past Chair

David Gardner, Member at Large

Jayne McBurney, Member at Large

Richard Rairigh, Member at Large

Meeting Agenda

1:15 – 1:45	North Carolina's Plan to Address Overweight and Obesity	Carolyn Dunn, PhD, RDN, LDN
1:45 – 2:15	Eat Smart, Move More NC website Social marketing materials on core behaviors	Catherine Hill, MS, RDN, LDN
2:15 – 2:25	Break	
2:25 – 2:55	Overweight and Obesity in North Carolina: 2020 Update	Jenni Albright, MPH, RD
2:55 – 3:10	Executive Committee Updates and Announcements	Joanne Lee, MPH, RD
3:10 – 3:30	Wrap up and Adjourn Networking	Joanne Lee, MPH, RD



North Carolina's Plan to Address **Overweight and Obesity**



Balance how we eat, drink, and move.

A plan to guide professionals who work in the area of prevention and management of overweight, obesity, and related chronic diseases.



The Writing Team

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Eat Smart, Move More Coordinator

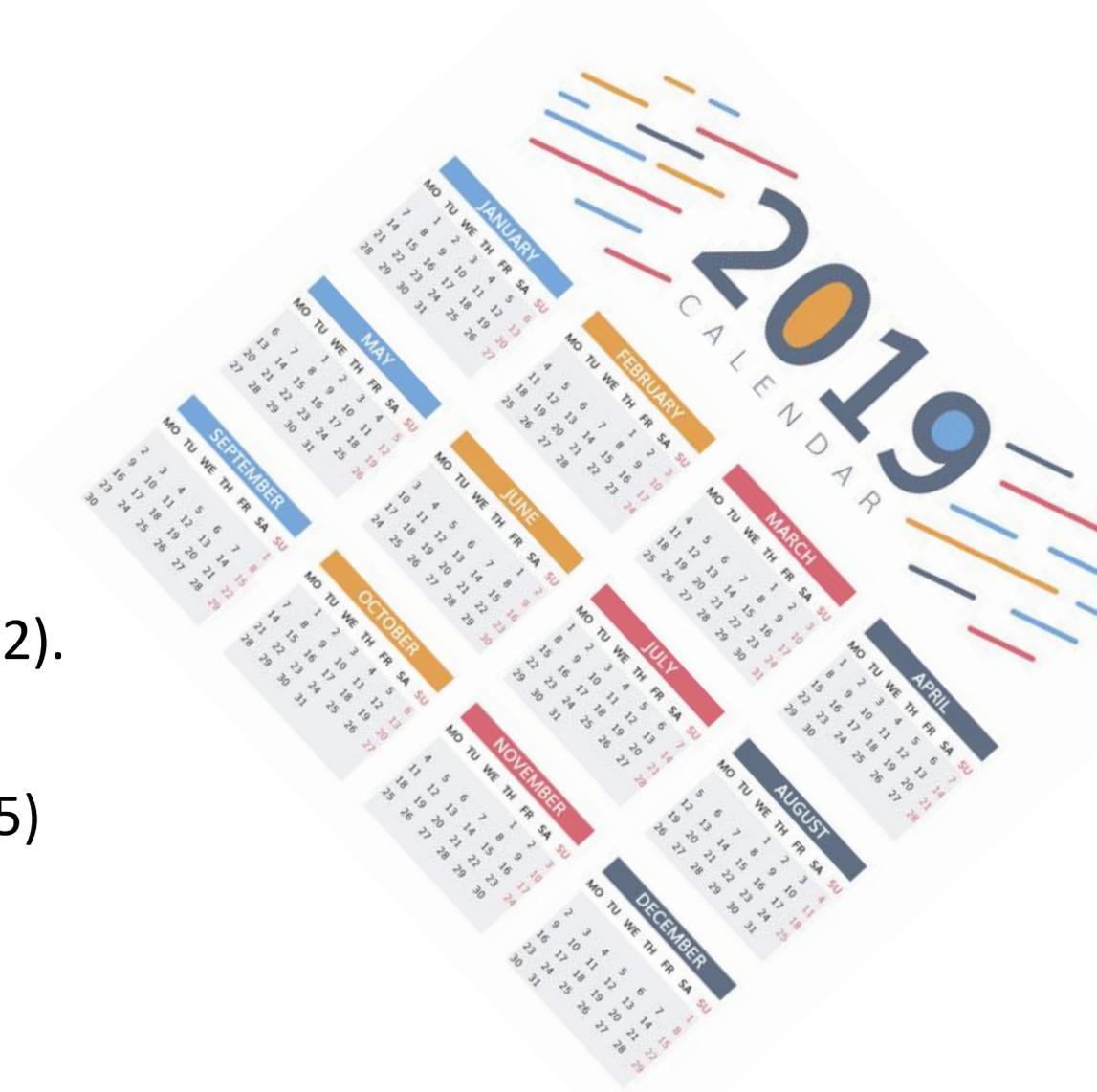


First-Line Reviewers
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Consultant

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Time Line

- Request for writing team members.
- Writing team works to create draft (first of 3 meetings March 18).
- Draft goes to first-line reviewers (mid July).
- Draft to Executive Committee (week of July 22).
- ESMMNC meeting presentation. (Sept 12)
- Plan went out to entire membership. (Sept 15)
- Comments received by October 11.
- Writing team reconvened to edit based on comments.
- December 5, 2019 release.

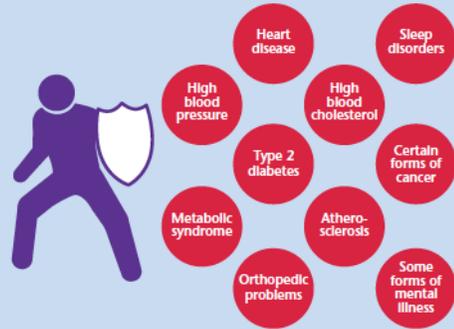


PREVENTABLE COSTS OF Obesity

Obesity and Obesity-Related Conditions

Practicing a healthy lifestyle is linked to decreasing the leading causes of preventable death.³

A healthy lifestyle can decrease the risk of:⁴

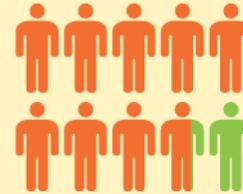


Type 2 Diabetes in North Carolina

Over 50,000 adults in North Carolina are newly diagnosed with Type 2 diabetes each year. The prevalence of overweight or obesity among adults with Type 2 diabetes in North Carolina is 87%.^{5,6}



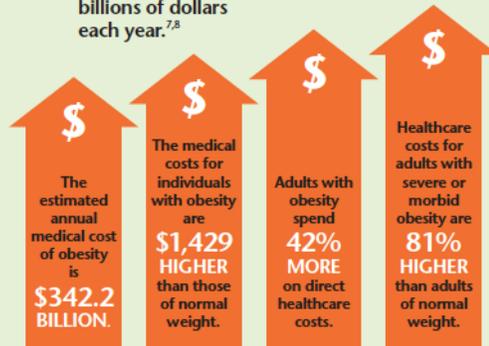
NEW CASES OF TYPE 2 DIABETES EVERY YEAR IN NC



THE PREVALENCE OF OVERWEIGHT OR OBESITY AMONG ADULTS WITH TYPE 2 DIABETES IN NORTH CAROLINA IS **87%**

Obesity Increases Medical Costs

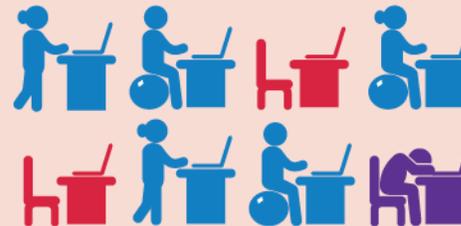
Obesity and its associated preventable conditions cost the United States billions of dollars each year.^{7,8}



Impact on Employer Productivity

Obesity contributes to an increase in both job **absenteeism** and **presenteeism**.

Job **presenteeism** costs employers **10 times more** than **absenteeism**.^{9,10}



Hunger-Obesity Paradox¹¹

Hunger, food insecurity, and obesity can co-exist in the same individual, family, or community. Low-income individuals and families are particularly vulnerable to both food insecurity and obesity. While researchers continue to examine this relationship, several reasons for this paradox have emerged:

<p>Lack of access to affordable, healthy foods.</p> 	<p>Cycles of food deprivation and overeating.</p> 	<p>High levels of stress, anxiety, and depression.</p> 
<p>Fewer opportunities for physical activity.</p> 	<p>Greater exposure to marketing of obesity-promoting products.</p> 	<p>Limited access to healthcare.</p> 

Determinants of Health Model¹²

If we are going to be successful at preventing or treating obesity, we must find solutions to challenges facing individuals, families, and communities that directly correlate to where and how they live. We have learned that a person's zip code is as much a predictor of their health and lifespan as their genetic code—or more so. **We must consider:**



Core Behaviors

Core Behaviors



Move More¹¹

Physical activity is critical for lifelong weight management and overall health. Physical activity refers to any bodily movement that requires energy expenditure, whether it's for work or play, daily chores, or daily commuting. Because of its role in energy balance, physical activity is a critical factor in determining whether a person can maintain a healthy weight, lose excess weight, or sustain weight loss. Adults need at least 150 minutes of moderate-intensity physical activity per week and should perform muscle-strengthening activities at least two days a week. Adults who want to maintain weight loss or lose more than 5% of their body weight should increase their moderate-intensity aerobic physical activity to at least 300 minutes per week. People with chronic conditions or disabilities who are not able to follow the key guidelines for adults should adapt their physical activity program to match their abilities, in consultation with a healthcare professional or a physical activity specialist. Children ages 6 to 17 need at least 60 minutes of physical activity every day and should get a mix of bone strengthening, muscle building, and aerobic activities.

MOVE YOUR WAY

Adults need a mix of physical activity to stay healthy.

Walk. Run. Dance. Play.

What's your move?

Moderate-intensity aerobic activity*

Anything that gets your heart beating faster counts.

at least 150 minutes a week



Muscle-strengthening activity

Do activities that make your muscles work harder than usual.

at least 2 days a week



*If you prefer vigorous-intensity aerobic activity (like running), aim for at least 75 minutes a week.

If that's more than you can do right now, do what you can. Even 5 minutes of physical activity has real health benefits.

CORE BEHAVIORS



Eat more healthy food, less junk and fast food^{14,15}

Today's typical American diet is often higher in calories than needed and consists of food and beverage choices that are not nutritious. These empty calories are mostly from unhealthy fat and sugar. Similar to a financial budget, food choices can be evaluated by their cost to a daily calorie budget. In these terms, foods high in empty calories are also "expensive" calorie choices that may not fit into a daily calorie budget. In other words, they are not nutrient-dense. Tracking food choices can help determine when and how many calories to spend. To meet vital nutrient needs while staying within a calorie budget, choose more nutrient-dense foods, close to their natural state such as fruits, vegetables, nuts, seeds, lean meats, and low-fat dairy, and limit empty calorie foods.



Eat more fruits and vegetables¹⁶⁻¹⁸

Of all the healthy foods, fruits and vegetables are particularly important. Fruits and vegetables in their natural state are low in calories and high in vitamins and minerals. Eating a diet rich in fruits and vegetables makes it easier to consume fewer calories. The consumption of low-calorie foods such as fruits and vegetables is associated with better weight management. It is recommended to eat 2 cups of fruit and 2½ cups of non-starchy vegetables each day, whether fresh, frozen, canned, or dried. It is important to choose a variety of colors, especially deep green and orange fruits and vegetables, such as spinach, kale, collards, turnip greens, arugula, cantaloupe, and carrots.



Drink more water, less sugar-sweetened beverages^{14, 25}

Make water your go-to beverage. Sugar-sweetened beverages include any drink that is sweetened with any form of sugar such as corn sweetener, corn syrup, dextrose, fructose, high-fructose corn syrup, honey, or sugar. This includes but is not limited to lemonade, sweet tea, cola, sports drinks, and energy drinks. Sugar-sweetened beverages are the leading source of added sugar in the American diet. Sugar-sweetened beverages are ubiquitous in our society and are consumed by an estimated 49% of adults and 63% of children daily. Drinking sugar-sweetened beverages is associated with weight gain, obesity, and type 2 diabetes. Limiting sugar-sweetened beverages can help maintain weight and protect against weight gain.

CORE BEHAVIORS



Sit less^{13, 26}

One in four adults sits for over eight hours per day. This sedentary lifestyle, regardless of other physical activity, can increase the risk of cardiovascular disease and all cause mortality in adults. The more sedentary a person is, the less likely they are to maintain a healthy weight. Moving more and sitting less, even short episodes of physical activity, has proven immediate and long-term health benefits. Light-intensity physical activity can be a beneficial first step in replacing sedentary behavior. Given the high levels of sitting and low levels of physical activity in the US population, most people would benefit from sitting less and moving more. When adults with chronic conditions or disabilities are not able to meet the above key guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.



Start and continue to breastfeed²⁷⁻³⁰

The health benefits of breastfeeding are well documented. Breast milk is a dynamic, bioactive fluid, that changes in composition throughout lactation to mirror the child's needs. This allows for breast milk to respond to maternal and environmental factors to provide the optimal nutritional benefit to children. Breastfeeding is associated with a decreased rate of childhood, adolescence, and adulthood overweight and obesity. The duration (the length of time a child is breastfed) and exclusivity (providing only human milk) of breastfeeding are both linked to reducing childhood obesity risk by up to 25%. The American Academy of Pediatrics recommends that children be exclusively breastfed for the first 6 months and continued breastfeeding with complementary foods through 12 months.



Get enough sleep³¹⁻³⁵

Insufficient sleep is a widespread problem in the US with as many as one in three adults not getting at least seven hours. Sleep is a restorative process and plays an important role in overall health of the entire body and mind. There is a growing body of evidence on the importance of sleep as it relates to increased risk of obesity. There is a link between low sleep quality and short sleep duration (less than 7 hours of sleep per day) to increased risk of obesity and poor obesity treatment outcomes. Poor sleep (either duration or quality) results in many metabolic and endocrine alterations that can impact risk of obesity. Improving sleep quality and quantity is important in addressing overweight and obesity.

CORE BEHAVIORS



Manage stress³⁶⁻³⁹

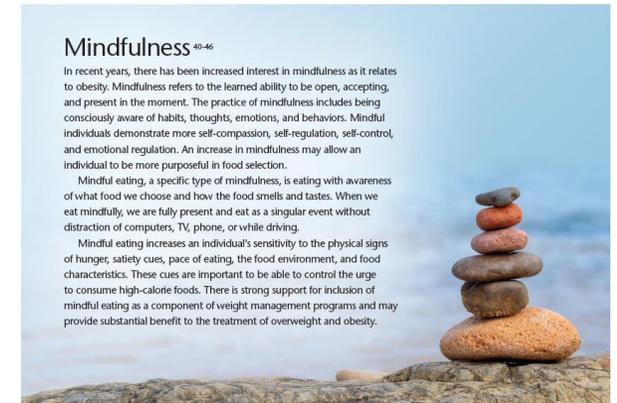
High levels of stress are common in our society. Demands from work and family may cause stress. There are added stress burdens in those who are living in poverty or are food insecure. Stress has been linked to overweight and obesity through multiple interactions. The hormone cortisol is secreted during times of stress. This hormone causes higher levels of insulin and can trigger overeating. Stress also interferes with cognitive processes including self regulation. Stress also causes physiological changes that may be related to overweight and obesity, including changes to hunger and satiety hormones as well as changes to the gut microbiome. Studies have shown a relationship between stress and weight in children and adults. Managing stress through mindfulness, physical activity, or other means is an important part of addressing overweight and obesity.

Mindfulness⁴⁰⁻⁴⁶

In recent years, there has been increased interest in mindfulness as it relates to obesity. Mindfulness refers to the learned ability to be open, accepting, and present in the moment. The practice of mindfulness includes being consciously aware of habits, thoughts, emotions, and behaviors. Mindful individuals demonstrate more self-compassion, self-regulation, self-control, and emotional regulation. An increase in mindfulness may allow an individual to be more purposeful in food selection.

Mindful eating, a specific type of mindfulness, is eating with awareness of what food we choose and how the food smells and tastes. When we eat mindfully, we are fully present and eat as a singular event without distraction of computers, TV, phone, or while driving.

Mindful eating increases an individual's sensitivity to the physical signs of hunger, satiety cues, pace of eating, the food environment, and food characteristics. These cues are important to be able to control the urge to consume high-calorie foods. There is strong support for inclusion of mindful eating as a component of weight management programs and may provide substantial benefit to the treatment of overweight and obesity.



Be Part of the SOLUTION ▶



You

Eat smart and move more to achieve and maintain a healthy weight. Track your steps or minutes of exercise each day. Include fruits and vegetables at every meal. Learn to recognize hunger and satiety. We are all role models and can be part of the solution.

Friends and Family

Encourage the families you work with to plan and fix simple healthy meals and make healthy snacks easy to “grab and go”.

Suggest they meet a friend for a walk or start a walking group in their neighborhood or work place.

Have them explore local parks and playgrounds. Have them find outdoor and indoor recreational activities that are fun for them and their family.

The Places You Go

Make it easier and safer for people to be physically active, whether at the office, in the neighborhood, or to and from school. Advocate for more walking paths, trails, sidewalks, and greenways. Help make fruits and vegetables accessible to all including mobile markets and farmers markets. When serving meals or snacks, offer water and healthy food options. Make healthy choices possible for your employees, clients, patients, or students.

Strategies

Strategies are presented that represent the best available evidence. An extensive review was conducted to assure that the most up to date resources were used. This included personal contacts with national leaders at CDC and USDA. See page 20 for the documents used.

Healthcare
Caring for others

Childcare
Caring for the children

Schools
**Caring for students,
teachers, and staff**

Worksite
Caring for employees

**Colleges and
Universities**
**Caring for students,
staff, and faculty**

Community
Caring for its members

**Local and State
Government**
Caring for residents

**Food and
Beverage Industry**
**Make healthy choices
possible**

**Media and
Entertainment
Industry**
**Promote healthy
lifestyles**



North Carolina's Plan to Address **Overweight and Obesity**



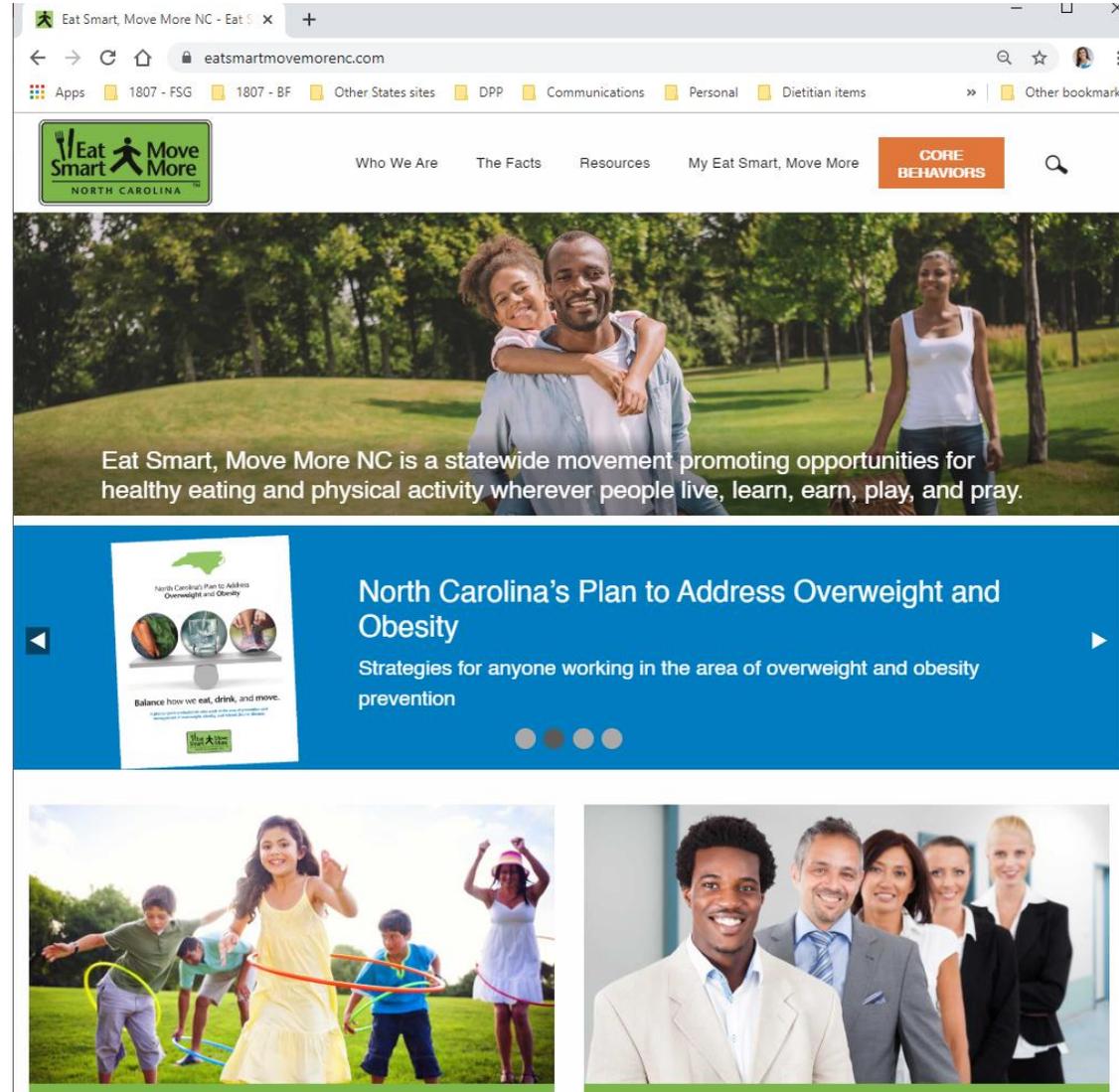
Balance how we eat, drink, and move.

A plan to guide professionals who work in the area of prevention and management of overweight, obesity, and related chronic diseases.



Website Review Team

- Melissa Rockett, CHES - DPH
- Cathy Thomas, MAEd - DPH
- Amy Lanou, PhD - UNC Asheville
- Diane Thomas, MBA, Certified Corporate Wellness Specialist, CPT-ACSM - Novant Health
- Dave Gardner, DA - DPH
- Shauvon Simmons-Wright, MEd - Alliance for a Healthier Generation
- Jayne L. McBurney, MS - NCSU SNAP-Ed
- Richard Rairigh - Be Active Kids
- Catherine Hill, MS, RDN, LDN – DPH



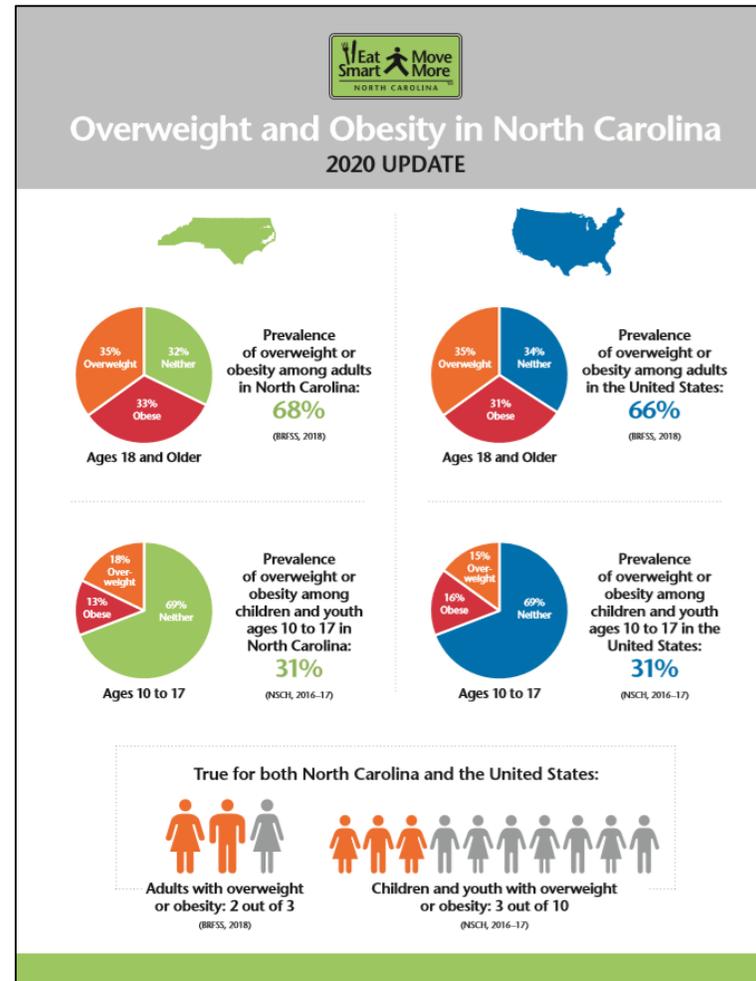
The screenshot shows a web browser window with the URL eatsmartmovemorenc.com. The website features a navigation menu with links for 'Who We Are', 'The Facts', 'Resources', 'My Eat Smart, Move More', and a 'CORE BEHAVIORS' button. Below the navigation is a large banner image of a family walking on a golf course. The text on the banner reads: 'Eat Smart, Move More NC is a statewide movement promoting opportunities for healthy eating and physical activity wherever people live, learn, earn, play, and pray.'

Below the banner is a blue section titled 'North Carolina's Plan to Address Overweight and Obesity'. It includes a graphic with the text 'North Carolina's Plan to Address Overweight and Obesity' and 'Balance how we eat, drink, and move.' Below this is a carousel of images showing children playing with hula hoops and a group of diverse professionals in business attire.

Break



Presenting our 2020 Update



Data Review Team

- Jenni Albright, Coordinator, Eat Smart, Move More NC
- Catherine Hill, Healthy Eating and Communications Coordinator, DPH
- Sam Hoeffler, Data Analysis & Food Systems Associate, NCSU SNAP-Ed
- Essete Kebede, Lead Evaluator for CCCPH Branch, DPH
- Chiara Phillips, State Breastfeeding Coordinator, DPH
- Les Spell, Data and Policy Consultant, NC Healthy Schools, DPI

2013 – 2020 ESMM NC Plan

North Carolina's Plan to Address Obesity:

Healthy Weight and Healthy Communities

2013-2020

Eat Smart Move More
NORTH CAROLINA™

Making the Healthy Choice the Easy Choice

Types of Data

- Weight Status
- Behaviors
- Places and Practices

Objectives: Weight Status

Target numbers for 2020 in the following weight status objectives align with Healthy North Carolina 2020 objectives where possible. Target numbers are rounded to the nearest whole number.

41. By January 1, 2020, no more than 25% of North Carolina adults will be obese.

- Baseline (2011): 29.1%
- Data source: Behavioral Risk Factor Surveillance System, North Carolina State Center for Health Statistics. Available at www.schs.state.nc.us/SCHS/brfss/results.html. Accessed October 18, 2012.
- Explanation of target: Decrease by a half percentage point per year from baseline through year 2019 (four percentage points over eight years).

42. By January 1, 2020, at least 38% of North Carolina adults will be neither overweight nor obese.

- Baseline (2011): 34.9%
- Data source: Behavioral Risk Factor Surveillance System, North Carolina State Center for Health Statistics. Available at www.schs.state.nc.us/SCHS/brfss/results.html. Accessed October 18, 2012.
- Explanation of target: Healthy North Carolina 2020 objective rounded to the nearest whole number

43. By January 1, 2020, no more than 9% of North Carolina high school students will be obese.

- Baseline (2011): 12.9%
- Data source: North Carolina Youth Risk Behavior Survey, North Carolina Healthy Schools Initiative. Available at www.nchealthyschools.org/data/yrb/s/. Accessed October 18, 2012.
- Explanation of target: Decrease by a half percentage point per year from baseline through year 2019 (four percentage points over eight years).



44. By January 1, 2020, at least 79% of North Carolina high school students will be neither overweight nor obese.

- Baseline (2011): 71.2% (12.9% obese, 15.9% overweight)
- Data source: North Carolina Youth Risk Behavior Survey, North Carolina Healthy Schools Initiative. Available at www.nchealthyschools.org/data/yrb/s/. Accessed October 18, 2012.
- Explanation of target: Healthy North Carolina 2020 objective rounded to the nearest whole number

Objectives: Healthy Behaviors

Target numbers for 2020 in the following healthy behavior objectives align with Healthy North Carolina 2020 objectives for physical activity and fruit and vegetable consumption where possible. They align with Healthy People 2020 objectives for breastfeeding. Target numbers are rounded to the nearest whole number.

Physical Activity

23. By January 1, 2020, at least 61% of North Carolina adults will meet the physical activity recommendation for aerobic activities.

- Baseline (2011): 46.8%
- Data source: Behavioral Risk Factor Surveillance System, North Carolina State Center for Health Statistics. Available at www.schs.state.nc.us/SCHS/brfss/results.html. Accessed October 18, 2012.
- Explanation of target: Healthy North Carolina 2020 objective for adults getting the recommended amount of physical activity, rounded to the nearest whole number.

24. By January 1, 2020, at least 22% of North Carolina adults will meet the physical activity recommendations for both aerobic activities and muscle strengthening activities.

25. By January 1, 2020, at least 52% of high school students will be physically active for a total of at least 60 minutes per day on five or more days per week.

- Baseline (2011): 47.6%
- Data source: North Carolina Youth Risk Behavior Survey, North Carolina Healthy Schools Initiative. Available at www.nchealthyschools.org/data/yrb/s/. Accessed October 18, 2012.
- Explanation of target: Increase by a half percentage point per year from baseline through year 2019 (four percentage points over eight years).

26. By January 1, 2020, at least 58% of North Carolina children and youth ages 2 to 17 years will exercise, play a sport, or participate in physical activity for at least 60 minutes that makes them sweat or breathe hard on four or more days per week.

- Baseline (2011): 53.5%



Objectives: Places and Practices

The settings from the Strategies section of this Plan (page 8) are represented in the following objectives. However, in the case of some settings (e.g., colleges and universities, local government, food and beverage industry), no data were available on places and practices to support healthy eating and active living. Objectives were only included if a data source for monitoring progress could be identified at the time of this Plan's development.

Health Care

1. By January 1, 2020, at least 32 maternity centers in North Carolina will be recognized as awarders by the North Carolina Maternity Center Breastfeeding Friendly Designation Program.

- Baseline (2011): There were eight awarders through the North Carolina Maternity Center Breastfeeding-Friendly Designation Program as of December 2011.
- Data source: *Promoting, Protecting and Supporting Breastfeeding in North Carolina: Blueprint Status Report, 2011*. North Carolina Division of Public Health. Available at www.nutritionnc.com. Accessed May 24, 2012.
- Explanation of target: Increase by three maternity centers per year from baseline through year 2019.

2. By January 1, 2020, at least 8% of the maternity centers in North Carolina will be recognized as Baby-Friendly by Baby-Friendly USA, the accrediting body for the Baby-Friendly Hospital Initiative in the United States.

- Baseline (2011): 3.4% of North Carolina's maternity centers were designated as Baby-Friendly as of December 2011.
- Data source: Baby-Friendly USA. Available at www.babyfriendlyusa.org/. Accessed August 25, 2012.
- Explanation of target: Align with the Healthy People 2020 goal for 8.1% of maternity centers to be designated as Baby-Friendly nationally.
- Additional information: The global Baby-Friendly Hospital Initiative is sponsored by the World Health Organization and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding.

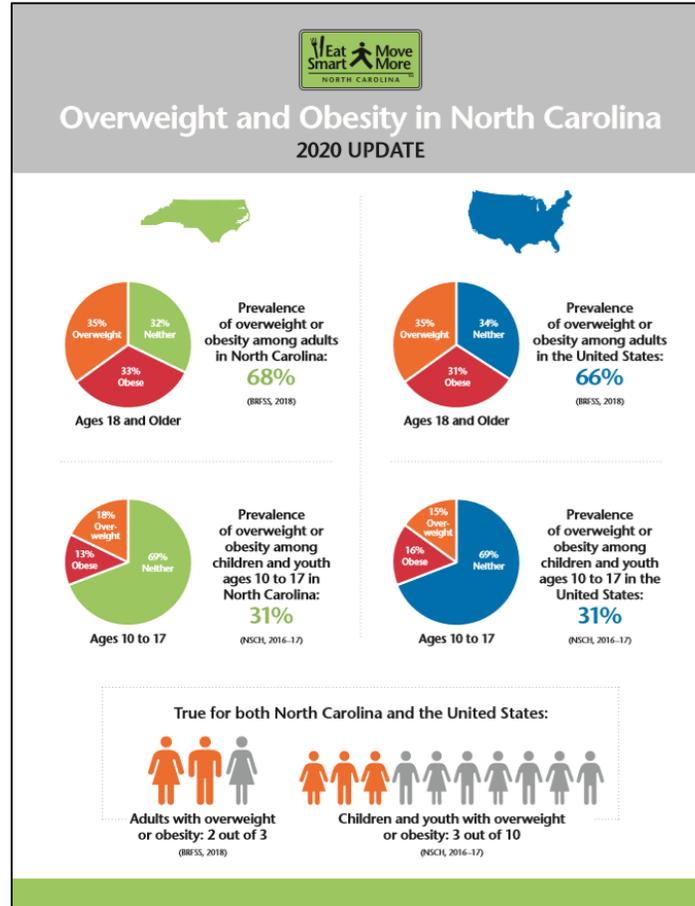
Schools

4. By January 1, 2020, at least 9% of public schools in North Carolina will receive a HealthierUS School Challenge award, indicating that the school has created a healthier environment that promotes nutrition and physical activity.

- Baseline (2012): 5% of North Carolina schools (116 of 2,524) had received an award (including Bronze, Silver, Gold and Gold Award of Distinction) as of February 2012.
- Data source: HealthierUS School Challenge website. Available at www.fns.usda.gov/tn/healthierus/index.html. Accessed May 15, 2012.
- Explanation of target: Increase by a half percentage point per year from baseline through year 2019 (3.5 percentage points over seven years).
- Additional information: The HealthierUS School challenge is a voluntary certification initiative established in 2004 to recognize those schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity.



Weight Status



Behaviors



Balance how we eat, drink, and move.

EAT

"A healthy eating pattern includes a variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other."

—Key Recommendation from the *Dietary Guidelines for Americans 2015–2020*

"A healthy eating pattern includes fruits, especially whole fruits."

—Key Recommendation from the *Dietary Guidelines for Americans 2015–2020*

DRINK

"Consume less than 10 percent of calories per day from added sugars."

—Key Recommendation from the *Dietary Guidelines for Americans 2015–2020*

MOVE

"Adults should move more and sit less throughout the day. Some physical activity is better than none."

—Executive Summary: *Physical Activity Guidelines for Americans, 2nd edition*

"For substantial health benefits, adults should do at least 150 minutes to 300 minutes a week of moderate-intensity, or 75 minutes to 150 minutes a week of vigorous-intensity aerobic physical activity. Adults should also do muscle-strengthening activities that involve all major muscle groups on two or more days a week."

—Executive Summary: *Physical Activity Guidelines for Americans, 2nd edition*

"Children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily."

—Executive Summary: *Physical Activity Guidelines for Americans, 2nd edition*

The Eat Smart, Move More Core Behaviors are eight evidence-based lifestyle behaviors that can improve overall health.



Move More



Eat more healthy foods, less junk and fast food



Eat more fruits and vegetables



Drink more water



Sit less



Start and continue to breastfeed



Get enough sleep



Manage stress

Spotlight on Breastfeeding

The prevalence of overweight and obesity is increased among children who are not breastfed. The duration (length of time a child is breastfed) and exclusivity (not feeding other foods or drinks while breastfeeding) are both associated with lower rates of overweight and obesity.

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months and continued breastfeeding with complementary foods through 12 months.



Breastfeeding is initiated among **82.5%** of infants in North Carolina, compared to **83.8%** of infants in the US (NIS 2019).

46.2% of North Carolina children are breastfed exclusively through three months of age, compared to **47.5%** in the US (NIS 2019).

23.4% of North Carolina children are breastfed exclusively through six months of age, compared to **25.4%** in the US (NIS 2019).

Adults in North Carolina



- 16%** consume vegetables less than one time per day (BRFSS 2017).
- 37%** consume fruit less than one time per day (BRFSS 2017).
- 24%** drink regular soda or pop that contains sugar one or more times per day (NC BRFSS 2017).
- 51%** do not participate in 150 minutes or more of aerobic physical activity per week (BRFSS 2017).
- 71%** do not participate in muscle strengthening exercises two or more times per week (BRFSS 2017).
- 24%** had not participated in any physical activities in the past month when surveyed (BRFSS 2018).

High School Students in North Carolina



- 41%** eat vegetables less than one time per day (NC YRBS 2017).
- 43%** eat fruit or drink 100% fruit juice less than one time per day (NC YRBS 2017).
- 22%** drink a can, bottle, or glass of soda or pop one or more times per day (NC YRBS 2017).
- 78%** do not meet the recommendation to be active for at least an hour per day, seven days per week (NC YRBS 2017).
- 42%** play video or computer games or use a computer for something other than school work for three or more hours on an average school day (NC YRBS 2017).



Children and Youth Ages 0 to 17 in North Carolina

- 41%** of children and youth ages 1 to 17 eat one serving or less of vegetables per day, not including French fries (NC CHAMP 2016–17).
- 30%** of children and youth ages 1 to 17 eat one serving or less of fruit per day (NC CHAMP 2016–17).
- 55%** of children and youth ages 1 to 17 drink sweetened beverages, such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks one or more times per day (NC CHAMP 2016–17).
- 47%** of children and youth ages 0 to 17 spend two or more hours on an average weekday in front of a TV watching TV programs, videos, or playing video games (NSCH 2016–17).
- 41%** of children and youth ages 0 to 17 spend two or more hours on an average weekday with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork (NSCH 2016–17).
- 78%** of children and youth ages 6 to 17 had not exercised, played a sport, or participated in physical activity for at least 60 minutes every day in the past week when surveyed (NSCH 2016–17).

● EAT ● DRINK ● MOVE

Places and Practices

Be Part of the SOLUTION ▶



The places we go—our homes, communities, worksites, schools, child care centers—**affect our lifestyle.** Let's shift norms and expectations, rules and policies, and even physical surroundings to make it possible for children and adults to eat smart and move more wherever they go.

We can all be part of the solution.

Do community members have opportunities to eat smart and move more?

When asked whether their community has trails, greenways, bike paths, or sidewalks for biking, walking or other activities, **70%** of North Carolina adults responded "yes" (NC BRFSS 2017).

58% of children and youth live in a neighborhood that contains a park or playground area, based on parent report (NSCH 2016-17).

57% of children and youth live in a neighborhood that contains sidewalks or walking paths, based on parent report (NSCH 2016-17).

85% of North Carolina adults report that it is easy to purchase healthy foods in their neighborhood (NC BRFSS 2017).

15% of farmers markets in North Carolina accept WIC Farmers Market Nutrition Program Vouchers (CDC Fruit and Vegetable Indicator Report 2018).

Do middle and high school students have opportunities to eat smart and move more?

97% of middle and high schools in North Carolina offer a free source of drinking water in the cafeteria during lunch, making it possible for all students to choose a healthy beverage (NC Profiles 2018).

13% of middle and high schools in North Carolina offer a self-serve salad bar to students (NC Profiles 2018).

64% of middle and high schools in North Carolina offer opportunities for all students to participate in intramural sports programs or physical activity clubs (NC Profiles 2018).

75% of middle and high schools in North Carolina have a joint use agreement for shared use of school or community physical activity or sports facilities (NC Profiles 2018).

Do families have opportunities to breastfeed their children?

27 maternity centers in North Carolina are currently designated as NC Maternity Center Breastfeeding-Friendly Facilities as of October 2019.

17 maternity centers in North Carolina are designated as Baby-Friendly by Baby-Friendly USA as of October 2019.

26 child care centers in North Carolina are currently recipients of the NC Breastfeeding-Friendly Child Care Designation as of October 2019.

Data on Policies and Environments

Our choices about food, beverages, and physical activity are affected by the norms and environments around us. This page offers just a few examples of data that show how places—through policies and physical surroundings—can influence our choices and thus our health.



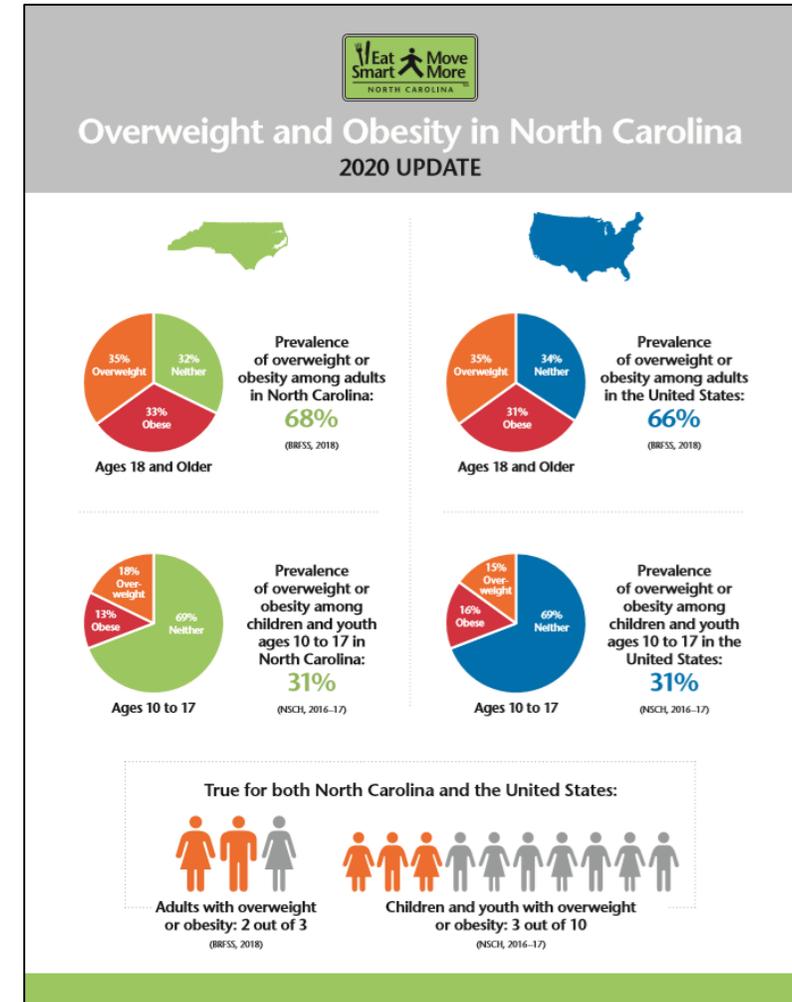
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Overweight and Obesity in North Carolina 2020 Update

5

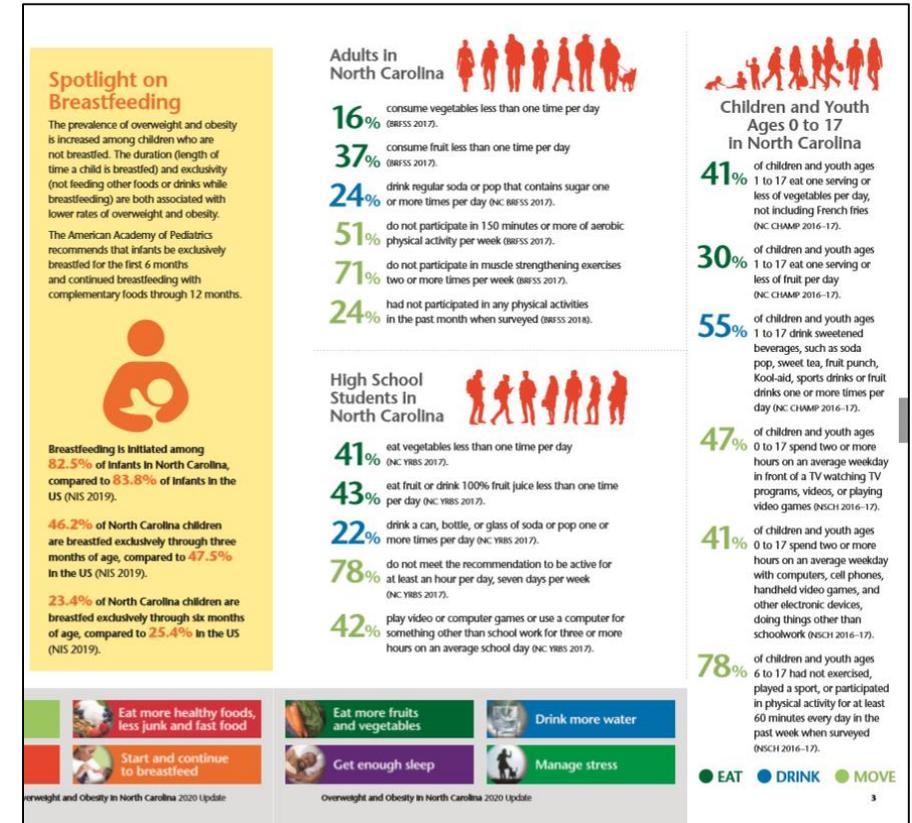
Weight Status Indicators

- Prevalence of overweight
- Prevalence of obesity



Behavior Indicators

- Vegetable consumption
- Fruit consumption
- Sugar-sweetened beverage consumption
- Aerobic physical activity
- Muscle strengthening exercises
- TV, video games, computer games
- Cell phones, handheld video games, other electronic devices
- Initiation of breastfeeding
- Exclusivity of breastfeeding



Places and Practices Indicators

- Perceived access to resources in community/neighborhood
- Perceived proximity to parks, playgrounds, sidewalks, paths
- Acceptance of WIC Farmers Market Nutrition Program vouchers at farmers markets
- Schools with free source of drinking water in cafeteria during lunch
- Availability of self-serve salad bar to students at school

Do community members have opportunities to eat smart and move more?

When asked whether their community has trails, greenways, bike paths, or sidewalks for biking, walking or other activities, **70%** of North Carolina adults responded "yes" (NC BISS 2017).

58% of children and youth live in a neighborhood that contains a park or playground area, based on parent report (NSCH 2016-17).

57% of children and youth live in a neighborhood that contains sidewalks or walking paths, based on parent report (NSCH 2016-17).

85% of North Carolina adults report that it is easy to purchase healthy foods in their neighborhood (NC BISS 2017).

15% of farmers markets in North Carolina accept WIC Farmers Market Nutrition Program Vouchers (CDC Fruit and Vegetable Indicator Report 2018).

Do middle and high school students have opportunities to eat smart and move more?

97% of middle and high schools in North Carolina offer a free source of drinking water in the cafeteria during lunch, making it possible for all students to choose a healthy beverage (NC Profiles 2018).

13% of middle and high schools in North Carolina offer a self-serve salad bar to students (NC Profiles 2018).

64% of middle and high schools in North Carolina offer opportunities for all students to participate in intramural sports programs or physical activity clubs (NC Profiles 2018).

75% of middle and high schools in North Carolina have a joint use agreement for shared use of school or community physical activity or sports facilities (NC Profiles 2018).

Do families have opportunities to breastfeed their children?

27 maternity centers in North Carolina are currently designated as NC Maternity Center Breastfeeding-Friendly Facilities as of October 2019.

17 maternity centers in North Carolina are designated as Baby-Friendly by Baby-Friendly USA as of October 2019.

26 child care centers in North Carolina are currently recipients of the NC Breastfeeding-Friendly Child Care Designation as of October 2019.

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Overweight and Obesity in North Carolina 2020 Update 5

Places and Practices Indicators

- Opportunity for school intramural sports programs and physical activity clubs
- Joint use agreement in place
- Maternity centers designated as Breastfeeding-Friendly
- Maternity centers designated as Baby-Friendly
- Child care centers designated as Breastfeeding Friendly

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Overweight and Obesity in North Carolina 2020 Update 5

Data Sources

- Behavioral Risk Factor Surveillance System
- National Immunization Surveys
- National Survey of Children's Health
- NC Child Health Assessment and Monitoring Program
- School Health Profiles
- Youth Risk Behavior Surveillance System

Note: Additional references on page 7

Data Sources

The data in this report comes from national and state-level surveillance systems, listed below. Many of these data sources collect information through self-report and parent-report. This is not an exhaustive list. Given the brief nature of this report, it is likely that other data sources exist, as well as other relevant indicators within the data sources listed below.

Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about US residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data [online]. 2018. Available at cdc.gov/brfss/brfssprevalence. Accessed on 09/23/2019.

NC Behavioral Risk Factor Surveillance System (NC BRFSS): The State Center for Health Statistics conducts North Carolina's BRFSS telephone survey, as part of the nationwide BRFSS. BRFSS telephone interviews are conducted monthly, and data are analyzed annually.
North Carolina State Center for Health Statistics, North Carolina Behavioral Risk Factor Surveillance System (BRFSS), 2017. North Carolina Department of Health and Human Services, Division of Public Health. Available at schs.dph.ncdhhs.gov/data/brfss/2017/nc/all/topics.htm. Accessed on 08/19/2019.

National Immunization Surveys (NIS): The NIS are a group of phone surveys used to monitor vaccination coverage among children as well as breastfeeding rates. The surveys are sponsored and conducted by the National Center for Immunization and Respiratory Diseases (NCIRD) of the Centers for Disease Control and Prevention (CDC) and authorized by the Public Health Service Act [Sections 306].
National Immunization Surveys 2019. Centers for Disease Control and Prevention. Available at cdc.gov/breastfeeding/data/nis_data/results.html. Accessed on 08/19/2019.

National Survey of Children's Health (NSCH): The NSCH provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. It collects data from parents about the health of their children via mail and internet.
Child and Adolescent Health Measurement Initiative, 2016–2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement US9MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB). Available at childhealthdata.org. Accessed on 08/19/2019.

North Carolina Child Health Assessment and Monitoring Program (NC CHAMP): Eligible children for the NC CHAMP survey are drawn each month from the NC BRFSS. All adult respondents with children living in their households are invited to participate. One child is randomly selected from the household, and the adult most knowledgeable about the health of the selected child is interviewed in a follow-up telephone survey.
North Carolina Child Health Assessment and Monitoring Program (NC CHAMP). North Carolina State Center for Health Statistics, 2016–2017. North Carolina Department of Health and Human Services, Division of Public Health. Available at schs.dph.ncdhhs.gov/data/champ. Accessed on 08/19/2019.

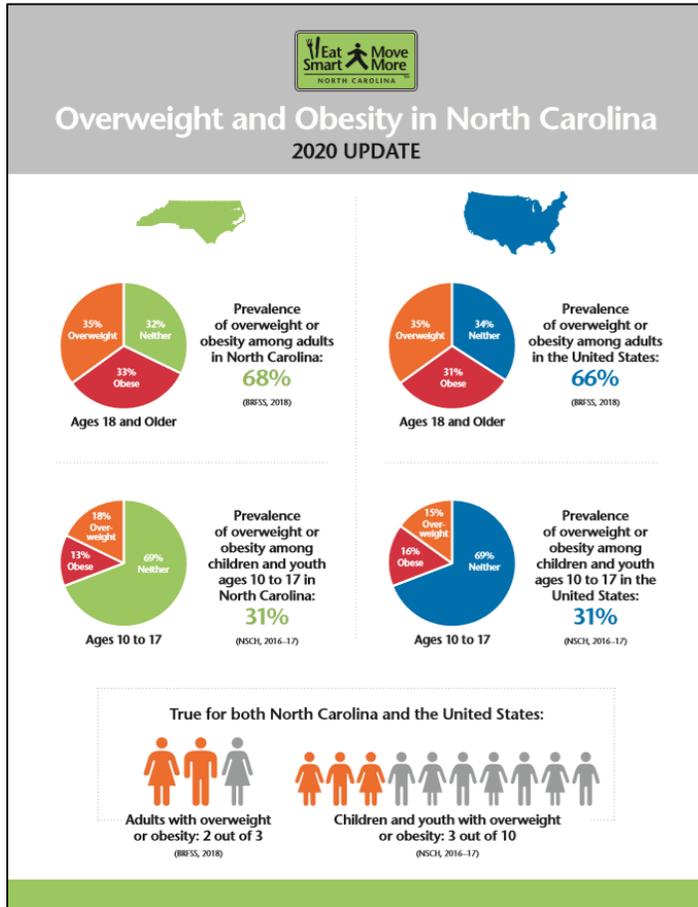
School Health Profiles (Profiles): The School Health Profiles is a system of surveys assessing school health policies and practices. Nationally, it is coordinated by the Centers for Disease Control and Prevention (CDC) through the Division of Adolescent and School Health (DASH).
NC School Health Profiles (NC Profiles): The NC School Health Profiles survey is conducted by NC Healthy Schools. Surveys are conducted biennially among middle and high school principals and lead health education teachers. The data in this report come specifically from the NC School Health Profiles.
NC Department of Public Instruction, NC Healthy Schools. North Carolina School Health Profiles. Available at nchealthyschools.org/data/profiles. Accessed on 08/19/2019.

Youth Risk Behavior Surveillance System (YRBSS): The YRBSS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey is conducted by the Centers for Disease Control and Prevention (CDC), through its Division of Adolescent and School Health (DASH).
NC Youth Risk Behavior Survey (NC YRBS): The North Carolina Youth Risk Behavior Survey is conducted by NC Healthy Schools. The data in this report come specifically from the NC YRBS.
NC Department of Public Instruction, NC Healthy Schools. North Carolina Youth Risk Behavior Survey (YRBS). Available at nchealthyschools.org/data/yrebs. Accessed on 08/19/2019.

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Overweight and Obesity in North Carolina 2020 Update

The 2020 Update shows the need for action



**North Carolina's Plan to Address
Overweight and Obesity**

Balance how we eat, drink, and move.

A plan to guide professionals who work in the area of prevention and management of overweight, obesity, and related chronic diseases

Executive Committee Updates and Announcements



Meeting Dates in 2020

Tuesday, May 12, 2020

Thursday, September 10, 2020

Wednesday, December 9, 2020

Thank You

Executive Committee Members 2019

Melissa Roupe, Chair

Joanne Lee, Vice Chair

Sherée Vodicka, Past Chair

Shelisa Howard-Martinez, Member at Large

Jayne McBurney, Member at Large

David Gardner, Member at Large

Richard Rairigh, Member at Large

Presenting

Executive Committee Members 2020

Joanne Lee, Chair

Jayne McBurney, Vice Chair

Sherée Vodicka, Past Chair

David Gardner, Member at Large

Richard Rairigh, Member at Large

Ashley Honeycutt, Member at Large

Susanne Schmall, Member at Large

Thank you for all you do.

