

EXECUTIVE SUMMARY

Title: Task Force on Preventing Childhood Obesity

Type of Executive Summary:

- Action
- Action on First Reading
- Discussion
- Information

Policy Implications:

- Constitution _____
- General Statute #HB 2436
- SBE Policy # _____
- SBE Policy Amendment
- SBE Policy (New)
- APA # _____
- APA Amendment
- APA (New)
- Other _____

Presenter(s): Ms. Paula Hudson Collins (Senior Policy Advisor, Healthy Responsible Students, State Board of Education)

Description:

The Task Force on Preventing Childhood Obesity is formed for the 2008-2009 fiscal year by appropriations from the NC General Assembly. It is co-chaired by the Chairman of the State Board of Education and the State Health Director and charged with making recommendations and developing a statewide strategic plan for preventing childhood obesity. Previous state activities by the Department of Public Instruction, the Division of Public Health, and the Health and Wellness Trust Fund are to be reviewed. Recommendations are to be made to address six specific initiatives for schools and communities.

Resources:

\$100,000 from Maternal and Child Health Block Grant

Input Process:

The Task Force is composed of 19 members representing the community, education, hospitals, public health, physicians and researchers. Membership is outlined in the legislation. Numerous interested groups provided input through public comment sessions during the Task Force Meetings. The Institute of Medicine also provided information and guidance. A steering committee is composed of senior leadership in DPI and DPH.

Stakeholders:

Students of North Carolina public schools

Timeline For Action:

This item is presented for Discussion at the December 2008 State Board of Education meeting and will be returned for Action at the January 2009 meeting

Recommendations:

It is recommended that Board members review and discuss the recommendations of the Task Force.

Audiovisual equipment requested for the presentation:

- Data Projector/Video (Videotape/DVD and/or Computer Data, Internet, Presentations-PowerPoint preferred)
Specify: _____
- Audio Requirements (computer or other, except for PA system which is provided)
Specify: _____
- Document Camera (for transparencies or paper documents – white paper preferred)

Motion By: _____ Seconded By: _____
Vote: Yes _____ No _____ Abstain _____
Approved _____ Disapproved _____ Postponed _____ Revised _____

*Person responsible for SBE agenda materials and SBE policy updates: Rick Klein, 919-807-3761

Report from North Carolina Task Force on Preventing Childhood Obesity

11/18/08 **DRAFT** version

THESE RECOMMENDATIONS ARE NOT IN PRIORITY ORDER

version

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version

Charge to the North Carolina Task Force on Prevention of Childhood Obesity

Background: NC legislation established a North Carolina Task Force on Preventing Childhood Obesity (Obesity Task Force) co-chaired by the State Health Director and the Chairman of the State Board of Education.

Charge: The Task Force was to review current State activities in the NC Department of Health and Human Services, the NC Department of Public Instruction, and the NC Health and Wellness Trust Fund to develop a comprehensive statewide strategic plan with recommendations for preventing childhood obesity

The goals of the strategic plan were to 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.

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

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

Reporting:

The Chairman of the NC State Board of Education and the NC 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 NC 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.

North Carolina Task Force on Preventing Childhood Obesity

Co-Chairs

Leah Devlin, DDS, MPH
State Health Director
NC Division of Public Health
NC Department of Health and Human Services

Howard Lee
Chairman
NC State Board of Education

Task Force Members

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Advocacy Coordinating
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NC Hospital Association

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President
Association of NC Boards of Health

Pam Seamans
Executive Director
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NC Health Director's Association

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

Steve Cline, DDS, MPH
NC Deputy State Health Director

Ruth Petersen, MD, MPH
Senior Public Health Advisor

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

Staff to the Task Force from Department of Public Instruction:

June Atkinson
State Superintendent
NC Department of Public Instruction

Rebecca Garland
Executive Director
NC State Board of Education

Paula Hudson Collins
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Healthy Responsible Students
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STATEMENT OF THE PROBLEM IN NORTH CAROLINA

Prevalence of Overweight and Obesity

Obesity rates have continued to increase in North Carolina (NC). In 2006, a total of 60.8% (4 million) of NC adults were overweight or obese, and NC had the fifth highest national rate of obese children.^{i, ii} Among NC children, ages 6-17, 16% were overweight, and another 16% were obese (combined 32% are overweight or obese), compared to 64% who are at a healthy weight.ⁱⁱⁱ

Obese children are almost six times more likely than children with healthy weights to have an impaired quality of life--**equal to that of children undergoing treatment for cancer.** -
JAMA, 2003

Health Problems Associated with Overweight and Obesity

Overweight and obesity are alarming because both conditions can increase the risk for health problems, including certain chronic diseases. 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.^{iv}

Nationally, an estimated **300,000 deaths may be attributable to obesity** per year compared with 36,000 deaths attributed to influenza.

-Office of the Surgeon General

Among children and youth, obesity is associated with an increased risk of high cholesterol, liver abnormalities, diabetes, and becoming an overweight adult.^v Obese children and youth can develop type 2 diabetes, high blood lipids, hypertension,

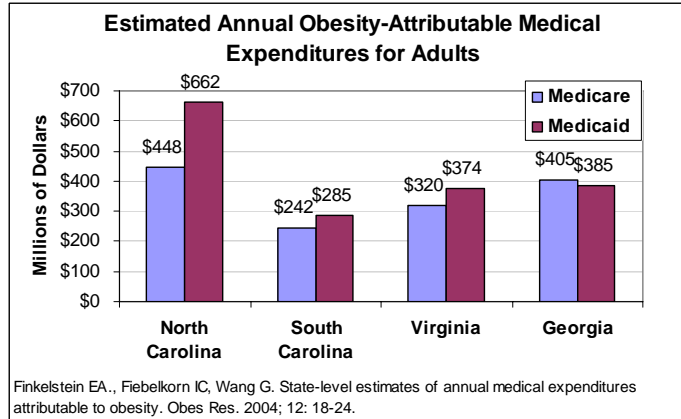
asthma, sleep apnea, early maturation, and orthopedic problems. We may be raising the first generation of children and youth in history to have a shorter life expectancy than their parents due to obesity-related health problems.^{vi}

Unhealthy Behaviors that Lead to Overweight and Obesity

High rates of overweight status and obesity among the children in North Carolina are attributable to physical inactivity and unhealthy eating habits. Nearly 23 percent of children and youth and nearly 40 percent of adults get no leisure-time physical activity at all.^{vii} In addition, one in three NC parents (34.2%) reported that their child eats fast food two or more times per week,^{viii} and nearly 80% of adults and 85% of high school students eat less than 5 servings of fruits and vegetables each day, the minimum recommended for good health.^{ix,x} In 2006, about half (49.9%) of NC parents reported that their child watches more than two hours of television on a typical day. Of these children, almost one in ten (8.9%) reported that their child watches more than four hours of television a day. Nearly two-thirds (64.4%) of parents responding to the 2006 Child Health Assessment and Monitoring Program (CHAMP) survey stated that they are trying to encourage more physical activity and/or limit TV/video/computer game time for their child.^{xi}

Costs of Obesity to NC: Adults

In 2003, six percent of NC's healthcare expenses were related to obesity, which translated into over 2 billion dollars.^{xii} Obesity imposes a substantial drain on health care resources across states, averaging 6% of adult medical expenditures, with roughly one-half of these expenditures financed by Medicare and Medicaid.^{xiii}



Self-reported obesity prevalence among adult Medicaid recipients

is roughly 50% higher than that for the general population.^{xiv} In 2003, NC had an estimated annual obesity-attributable expenditure of \$448 million for adults on Medicare and \$662 million for adults on Medicaid. This was higher than other southeastern states, including South Carolina, Virginia, and Georgia, as shown in Table 1.^{xv} The percent of state Medicaid expenditures attributable to obesity was nearly twice as high as for adults at a healthy weight.^{xvi}

Table 1. Estimated Annual Obesity-Attributable Medical Expenditures for Adults

As shown in Table 2, a 2005 study estimated the annual economic costs of unhealthy lifestyles in North Carolina at \$24 billion; 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.^{xvii}

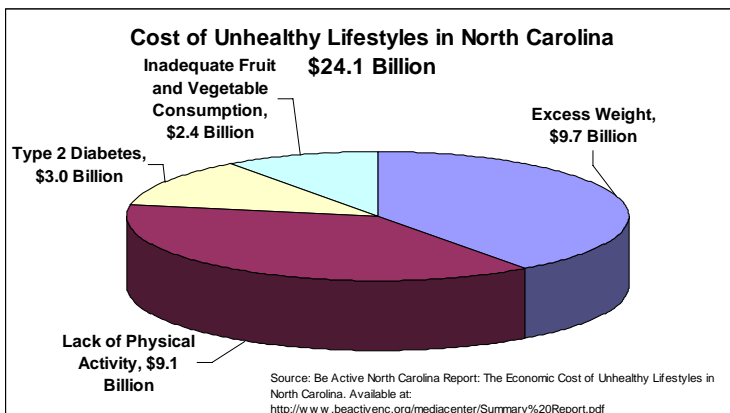


Table 2. Cost of Unhealthy Lifestyles in North Carolina.

Cost of Obesity to NC: Children

The cost of obesity in NC youth was nearly \$16 million per year.^{xviii} In 2004, overweight NC adolescents had Medicaid expenditures that were 33% higher than healthy weight adolescents, and the obese group had expenditures that were 25% higher.^{xix} Average expenditures for prescription drugs for obese adolescents were 42% higher than those for healthy weight

adolescents, a statistically significant difference.^{xx} In addition, a significantly higher percentage of obese adolescents had a claim for diabetes, asthma, or other respiratory conditions than the healthy weight group.^{xxi}

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 4 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.^{xxii} In a large national study of hospital costs associated with obesity in patients aged 6-17 years old, obesity-associated annual hospital costs increased from \$35 million during 1979-1981 to \$127 million during 1997-1999.^{xxiii}

CURRENT NORTH CAROLINA INITIATIVES

The NC Obesity Task Force was charged with reviewing current State activities in the NC Department of Health and Human Services, the NC Department of Public Instruction, and the NC Health and Wellness Trust Fund that address the prevention of childhood obesity. The table below summarizes this information.

Obesity Prevention Activities by Public Health, Health and Wellness Trust Fund, and Department of Public Instruction		
NC Division of Public Health	<ul style="list-style-type: none"> • NAP-SACC (preschool) • Color me Healthy (preschool) • SESAMM Students Eating Smart and Moving More • School Health Nutritionists Network • Families Eat Smart, Move More • Move More School Standards • Sybershop • Eat Smart, Move More, Weigh Less • Food For Thoughts • Fast Food and Families • Eat Smart Move More County Profiles 	<ul style="list-style-type: none"> • ACEs Guide • Walk to School Guide • Childhood Obesity Prevention Project • Faithful Families • Move More Scholars Institute • Worksites Eating Smart and Moving More • BRFS • CHAMP • Energizers
NC Health and Wellness Trust Fund	<ul style="list-style-type: none"> • Study Committee on Childhood Obesity • Childhood Obesity Grants • Fit Community Grants • A+ Fit School Grants • Fit Together Media Campaign 	<ul style="list-style-type: none"> • HWTF Fit Kids Teacher Trainings • Fit Community Designation Program • Fit Community Outreach and web resources • Fit Kids Initiative • N4Kids-Clinical Obesity Initiative
NC Department of Public Instruction	<ul style="list-style-type: none"> • School Meals Initiative Team (SMI), 8 RDs/LDNs, One per Educ. Region • Local Wellness Policy, Physical Act, Nutrition Education & Nutr. Standards, Require LEAs to document routine compliance with Federal and State Nutr. Standards • SBE Elementary Nutrition Standards SBE Draft Middle Sch. Nutr. Standards • SBE required nutrient analysis • SMI & 504 Plans • SBE Competitive Foods and Vending • YRBS and Profiles statewide • USDA Fresh Fruits & vegetable Programs \$1M annually 32 ES • SMI Team training TA & monitoring for LEAs • DPI seeking funding for demonstration project for implementing MS Standards • Health Active Children Policy (HAC) mandates 30 min PA K-8, Recomm 150 mins ES PE; 225 MS per week, Healthful Living Standard Course of Study 	<ul style="list-style-type: none"> • HAC Reports, YRBS and Profiles survey • Energizers-32.5K classroom teachers trained, Be Active, HWTF, KBR • KBR grants \$1M PE equip & training, 25 low wealth schools; UNC eval. • SPARK statewide training via NCAA/PERD IsPOD partnership • Encourage Walk/Bike to School events • Work w/school architects to encourage open activity spaces • Encourage joint-use policies for communities • Provide before & afterschool programs, such 21st Century Learning Centers& Intramurals • Encourage for activity in and outside school day • <i>LimitTV</i> brochure • <i>YRBS Survey</i> • Southern Collaborative on Obesity Reduction Efforts, \$10K council of State Governments grant to educate policy makers • Move More School Standards • Energizers • Food For Thought

In addition to the three key entities noted in the chart above the other agencies represented on the NC Obesity 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 NC 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 2007-2012. This plan is designed to help organizations and individuals implement strategies to address overweight and obesity in their community 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, health care have come together to implement evidence-based obesity prevention strategies.

In addition to the chart above which summarizes activities at NC DHHS, NC HWTF and NC DPI, the NC Institute of Medicine has also completed a summary of current evidenced-based interventions in the state targeting physical activity and nutrition. These charts are available in the appendix of this document.

MAIN MESSAGES FROM THE NC OBESITY TASK FORCE MEMBERS

Many messages emerged from the Obesity Task Force including:

- 1- A **strong call to action from the legislative branch and governor** is needed for effective intervention into the prevention of childhood obesity as this can include a requirement for immediate action, resource allocation, collaboration among key stakeholders, and evaluation of efforts.
- 2- **Now is the time for action** for addressing childhood obesity. As the state with the 5th worst prevalence of childhood obesity, NC is losing the battle not only in health status of their children, but in the health care costs clearly associated with overweight status and obesity.
- 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- including lost academic achievement, and decreased mental health among these children. The NC Obesity Task Force recognizes the magnitude of the financial request represented in this strategic plan given the current economic difficulties. The Task Force hopes that costs of this plan might be supported through collaboration with the NC General Assembly, state foundations and federal sources.
- 4- **Measurement of progress is critical** if NC is to identify where efforts have been the most successful and where more efforts are needed.

INTRODUCTION AND SUMMARY OF RECOMMENDATIONS:

Based on a legislative directive, the Obesity Task Force developed the recommendations using the framework of the six initiatives. While there are specific recommendations that inform a strategic plan under each of the initial six initiatives, the Task Force also reports on 5 recommendations that reached across multiple initiatives or categories of the prevention strategy. The overarching, or umbrella, recommendations are presented first. Then recommendations that specifically relate to the six initiatives are presented under category headings.

SUMMARY OF RECOMMENDATIONS

#	Recommendation	Cost	Initiative
1	<p>The North Carolina General Assembly should appropriate \$5 million in recurring funding to the Division of Public Health with additional \$5.5 million for first six years to:</p> <ul style="list-style-type: none"> A. Allow full implementation of the Eat Smart, Move More North Carolina plan for obesity prevention in selected local communities and to identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state (\$5.5 million for six years to DPH) B. Fund each local health department for one FTE to coordinate obesity prevention across the community (\$5 million annually) 	\$5 million recurring to DPH with additional \$5.5 million annually for 6 years	All initiatives
2	<p>The NC General Assembly should appropriate \$16 million annually to the NC DPH to raise public awareness through social marketing campaign regarding the six initiatives of NC Childhood Obesity Prevention Task Force in order to promote healthy behaviors and environments in schools, home and the community including:</p> <ul style="list-style-type: none"> A. Expanding reach of messages based on behaviors identified by CDC to guide state efforts against obesity B. Develop new messages for additional focus on the six initiatives of NC Obesity Task Force in collaboration with DPI and HWTF C. evaluate social marketing campaigns to guide future improvements 	\$16 million recurring to DPH	All initiatives
3	<p>The General Assembly should encourage the State Board of Education to work with the NC DPI to identify or develop academically rigorous honors-level courses in health and/or Physical Education that can be offered at the High School Level.</p>	None	All initiatives
4	<p>The NC General Assembly should provide tapered funding to DPI for each Local Education Agency for 3 years (\$8.6, \$5.7 and \$2.9 million over 3 years) for Healthful Living Coordinators in every LEA to design, support, implement, manage and evaluate a district wide Coordinated School Health Program that, among other issues, will address childhood obesity prevention.</p>	\$8.6, \$5.7 and \$2.9 million over years 1, 2 and 3	All initiatives
5	<p>Use common measurement to evaluate childhood obesity prevention strategies in schools and other intervention locations</p>	None	All initiatives
6	<p>The North Carolina General Assembly should appropriate \$20 in recurring funds to support the implementation of SBE-adopted nutrition standards in elementary schools. LEAs will be eligible for funds under the following conditions:</p> <ul style="list-style-type: none"> A. The LEA is in full compliance with the State Board of Education policy on nutrition standards in elementary schools, and B. The LEA charges indirect cost to the Child Nutrition Program only if the program 	\$20 million recurring to NC DPI	Healthier Food to Students

	achieves and sustains a three month operating balance.		
7	LEAs should be encouraged to provide 30 minutes for students to select and consume the meals.	None	Healthier Food to Students
8	The North Carolina General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement 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.	None	Healthier Food to Students
9	The North Carolina General Assembly should enact legislation to direct the state Board of Education to establish statewide nutrition standards for foods and beverages available in school operated Vending Machines, school stores, and all other vending operations on the school campus during the instructional day. 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 shall have the authority to review these standards regularly and make adjustments as needed to reflect best practices, science-based evidence and future product development.	None	Healthier Food to Students
10	The NC General Assembly should appropriate \$500,000 annually to DPH and NC Partnership for Children (NCPC) to: A. expand dissemination of evidenced based approaches for improved physical activity and nutrition standards in preschools using NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care), and B. enhance and use of rating system for continued quality improvement of physical activity and nutrition standards in preschools	\$500,000 annually to DPH and NCPC	Healthier Food to Students
11	The NC General Assembly should appropriate \$414,000 annually to DPH to offer technical assistance to state agency workplaces (e.g. State employees and schools), for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children	\$414,000 annually to DPH (includes \$77,000 to DPI)	Healthy foods in the home and community
12	The NC General Assembly should encourage menu labeling by chain restaurants with 20 or more locations that includes prominently displayed nutrition and calorie information for consumers	None	Healthy foods in the home and community
13	The NC General Assembly should appropriate \$500,000 annually to CCNC (with additional \$174,000 first year) to facilitate and support the dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families	\$500,000 annually to CCNC; with additional \$174,00 first year	Healthy foods in the home and community
14	The North Carolina General Assembly should research the cost for recurring funds for Physical Education and develop a plan to phase-in 150 minute of elementary school physical education weekly, 225 minutes weekly of “Healthful Living” in middle schools, and 2 units of “healthful Living” (1 semester of Health, 3 semesters of PE) as a graduation requirement for high schools. All schools, such as charter and magnet schools, should be included in the phase-in: A. The North Carolina General Assembly should require the evaluation of both the quality and the impact of Physical Education and, B. The North Carolina General Assembly should require that 10% of the funds	To be determined	Increasing Physical Activity

	authorized for the phase-in be used to hire an independent external evaluator to assess the costs and the impact of the expansion of minutes for physical education on academic achievement and health benefits.		
15	The NC General Assembly should appropriate \$3.3 million to DPH over 5 years to expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans. Funding, over five years, should be used to support community efforts that will expand the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.	\$3.3 million for 5 years to DPH	Master Plan for pedestrian/bicycle pathways
16	The North Carolina 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	Master Plan for pedestrian/bicycle pathways
17	The Governor/Legislature should create/direct an interagency senior leadership group to work towards interagency plans to promote active livable communities including development of dedicated funding for parks and greenway funding.	\$170,000 for 3 years	Master Plan for pedestrian/bicycle pathways
18	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	Access to safe play spaces
19	Encourage the School Planning Section in the Division of School Support in the NC DPI 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 following years (e.g., class size, playgrounds, walk/bike to school)	None	Access to safe play spaces
20	The NC General Assembly should provide \$XX to the NC Division for Parks and Recreation for funding for trails and greenways in NC through the existing Adopt-A-Trail grant program to increase accessibility to children for recreation and transportation.	To be determined	Access to safe play spaces
21	Develop and expand reach of interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities including: A. Implementation of a statewide social marketing campaign (e.g. CDC’s “Tame the Tube”) targeting parents and teachers of school-age children; B. Explore 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	None	Limit children’s screen time

**Community Based or Overarching Recommendations:
Reach into All 6 Categories of Prevention Strategy
to Address Childhood Obesity in NC**

1. The North Carolina General Assembly should appropriate \$5 million in recurring funding to the Division of Public Health with additional \$5.5 million for first six years to:

- C. Allow full implementation of the Eat Smart, Move More North Carolina plan for obesity prevention in selected local communities and to identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state (\$5.5 million for six years to DPH)**
- D. Fund each local health department for one FTE to coordinate obesity prevention across the community (\$5 million annually)**

Rationale/Overall Justification:

Eat Smart, Move More: NC'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 community 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, health care have come together 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 help 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) and with CCNC networks (see Recommendation #13).

Budget:

Expanding capacity across 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* Obesity Plan and new funding for additional two county Demonstration Projects for six years:
.....\$3.5 million annually for six years to DPH (\$500,000 per county per year for total of 7 counties)

Expand *Eat Smart, Move More* Community Competitive Grants:
.....\$1 million recurring for 6 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

Personnel:

1 FTE per county to support local capacity for dissemination of evidence-based prevention programs and policies in NC communities:
.....\$5 million recurring annually (\$50,000 per county per year) to DPH

TOTAL: \$5 million recurring to DPH with additional \$5.5 million annually for 6 years

2. THE NC GENERAL ASSEMBLY SHOULD APPROPRIATE \$16 MILLION ANNUALLY TO DPH TO RAISE PUBLIC AWARENESS THROUGH SOCIAL MARKETING CAMPAIGN REGARDING THE SIX INITIATIVES OF NC CHILDHOOD OBESITY PREVENTION TASK FORCE IN ORDER TO PROMOTE HEALTHY BEHAVIORS AND ENVIRONMENTS IN SCHOOLS, HOME AND THE COMMUNITY INCLUDING:

- A. EXPANDING REACH OF MESSAGES BASED ON BEHAVIORS IDENTIFIED BY CDC TO GUIDE STATE EFFORTS AGAINST OBESITY**
- B. DEVELOP NEW MESSAGES FOR ADDITIONAL FOCUS ON THE SIX INITIATIVES OF NC OBESITY TASK FORCE IN COLLABORATION WITH DPI AND HWTF**
- C. EVALUATE SOCIAL MARKETING CAMPAIGNS TO GUIDE FUTURE IMPROVEMENTS**

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 to 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, what is meaningful to them and connect the audience to behavior change in a meaningful way. CDC reports that effective social marketing campaigns will cost \$1.83 per person in the area to be covered 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 Health and Wellness Trust Fund and of *Eat Smart, Move More NC*. The ESMM messages are based on those behaviors identified by 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:

- “School Meals: The Healthy Low-cost Option” to be developed with DPI
- How to Make Healthy Choices in Restaurants
- Obesity prevention messages developed with HWTF

Budget:

Expand 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 (costs based on CDC estimate of \$1.83 per population count in state per year for effective campaign)

TOTAL annual cost: \$16 million

3. THE NC GENERAL ASSEMBLY SHOULD ENCOURAGE THE STATE BOARD OF EDUCATION TO WORK WITH THE NC DPI TO DEVELOP OR IDENTIFY ACADEMICALLY RIGOROUS HONORS-LEVEL COURSES IN HEALTH AND/OR PHYSICAL EDUCATION THAT CAN BE OFFERED AT THE HIGH SCHOOL LEVEL.

Rationale/Overall Justification:

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 in health and or physical education in NC. 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 courses.

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

- Exercise physiologist
- Nutrition specialist
- Cardiac rehabilitation specialist
- Community/commercial recreation director
- Epidemiologist
- Physical therapist
- Public health educator
- Occupational therapist
- Sports medicine/ athletic trainer
- Human kinetics specialist
- Sports psychologist
- Corporate fitness specialist
- Sport sociologist
- Sport Management and Administration
- Strength and conditioning specialist
- Teachers of health education
- Personal fitness trainer
- Teachers of physical education

The honor course that is developed will aim to be more challenging than standard 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 the work expected rather than merely by the quantity of the work required.

Budget:

None

4. THE NC GENERAL ASSEMBLY SHOULD PROVIDE TAPERED FUNDING TO DPI FOR EACH LOCAL EDUCATION AGENCY FOR 3 YEARS (\$8.6, \$5.7 AND \$2.9 MILLION OVER 3 YEARS) FOR HEALTHFUL LIVING COORDINATORS IN EVERY LEA TO DESIGN, SUPPORT, IMPLEMENT, MANAGE AND EVALUATE A DISTRICT WIDE COORDINATED SCHOOL HEALTH PROGRAM THAT, AMONG OTHER ISSUES, WILL ADDRESS CHILDHOOD OBESITY PREVENTION.

Rationale/Overall Justification:

The North Carolina General Assembly should provide tapered funding to each Local Education Agency for 3 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, 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 to combat childhood overweight and obesity, diabetes and other chronic health conditions, physical education and physical activity and the numerous other health efforts which link a student's health to greater academic achievement and increased graduation rates.

Similar Healthful Living Coordinator funding was provided by the NC General Assembly for a 10 year period starting the in mid 1980's. During the funding cycle, this successful program was able to generate 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 CCNC networks (see Recommendation #13) and Local Health Department Obesity Prevention staff (see Recommendation #1)

Budget:

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 initial 3 years.)

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

5. USE COMMON MEASUREMENT TO EVALUATE CHILDHOOD OBESITY PREVENTION STRATEGIES IN SCHOOLS AND OTHER INTERVENTION LOCATIONS

Rationale/Overall Justification:

For the most effective and efficient evaluation of NC's progress in addressing childhood obesity it is important to address how the state implements prevention strategies across community, home, environments and schools. Long-term outcomes can be measured through a sustained quality physical education program K-12 through exit exams and yearly monitoring. Other short-term outcomes, such as changes in school environment, policies and practices, are crucial to illustrate that a school is on the path to achieving desired intermediate and long-term outcomes. Two measurement tools that can help identify progress in North Carolina schools include 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, NCAHPERD 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-8th grade students, and information from the FITNESSGRAM.

Another measure that will have utility in NC 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. The school health Profiles Survey conducted by DPI in even numbered years will monitor SLIMS. Using SLIMS will allow the DPI NC Healthy Schools section to assess whether the activities implemented at the state, and Local Education Agency (LEA) level are making an impact at the school level.

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 out to all interested parties with strategies already in place.

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.

Budget: None

Category #1: PROVIDING HEALTHIER FOOD TO STUDENTS

6. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD APPROPRIATE \$20 MILLION IN RECURRING FUNDS TO SUPPORT THE IMPLEMENTATION OF THE SBE-ADOPTED NUTRITION STANDARDS IN ELEMENTARY SCHOOLS. LEAS WILL BE ELIGIBLE FOR FUNDS UNDER THE FOLLOWING CONDITIONS:

- A. THE LEA IS IN FULL COMPLIANCE WITH THE STATE BOARD OF EDUCATION POLICY ON NUTRITION STANDARDS IN ELEMENTARY SCHOOLS, AND**
- B. THE LEA CHARGES INDIRECT COST TO THE CHILD NUTRITION PROGRAM ONLY WHEN THE PROGRAM ACHIEVES AND SUSTAINS A THREE MONTH OPERATING BALANCE.**

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: NC’s Recommended Standards for all Foods Available in School,”* was released. The recommendations provided a blueprint for gradual change in the nutritional contribution of foods and beverages served in NC’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 North Carolina General Assembly (NCGA) 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 NCGA directed the 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 NCGA 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 this 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* sale 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 NC'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 <i>A la Carte</i> 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, NC Department of Public Instruction, March 2006

Budget: Provide approximately \$35.00 per elementary student annually to distribute based on the actual number of meals served to students in elementary schools that meet the SBE-adopted nutrition standards.

TOTAL: \$20 million in recurring funds to DPI

7: LEAs SHOULD BE ENCOURAGED TO PROVIDE 30 MINUTES FOR STUDENTS TO SELECT AND CONSUME THE 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, wholesome, nutritious, appealing foods in the school dining room.

All too often, students are not given adequate time to select and consume their meal, 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 meal. 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 NORTH CAROLINA GENERAL ASSEMBLY SHOULD REQUIRE ALL PRINCIPALS WHOSE SCHOOLS OPERATE VENDIDNG MACHINES (OUTSIDE THE CHILD NUTRITION PROGRAM) TO SIGN A MEMORANDUM OF AGREEMENT WITH BEVERAGE AND SNACK VENDORS TO ENSURE VENDING MACHINES CONTAIN ONLY THOSE FOODS AND BEVERAGES CONSISTANT WITH ALLOWABLE CONTENTS PURSUANT TO GS 115C-264.2.

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 beverages concepts are reinforced. However, messages about healthful food and beverage choices should extend throughout the campus and should reflect food and beverage choices available to students in a variety or areas on the school campus including, but not limited to, school-operated vending machines, school stores and other venues, including school/class celebrations and fund-raisers, reflect the nutrition messages disseminated in the classroom. In 2005, the NCGA 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 NCDPI 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 NORTH CAROLINA GENERAL ASSEMBLY SHOULD ENACT LEGISLATION TO DIRECT THE STATE BOARD OF EDUCATION TO ESTABLISH STATEWIDE NUTRITION STANDARDS FOR FOODS AND BEVERAGES AVAILABLE IN SCHOOL OPERATED VENDING MACHINES, SCHOOL STORES, AND ALL OTHER VENDING OPERATIONS ON THE SCHOOL CAMPUS DURING THE INSTRUCTIONAL DAY. 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 SHALL HAVE THE AUTHORITY TO REVIEW THESE STANDARDS REGULARLY AND MAKE ADJUSTMENTS AS NEEDED TO REFLECT BEST PRACTICES, SCIENCE-BASED EVIDENCE AND FUTURE PRODUCT DEVELOPMENT.

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 North Carolina General Assembly (NCGA) enacted legislation in 2005 that would gradually improve the nutrition integrity of foods and beverages available on school campuses throughout the school day. Specifically, the NCGA directed the 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 NCGA 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 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 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. The SBE also has 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 NC GENERAL ASSEMBLY SHOULD APPROPRIATE \$500,000 ANNUALLY TO DPH AND NC PARTNERSHIP FOR CHILDREN (NCPC) TO:

A. EXPAND DISSEMINATION OF EVIDENCED BASED APPROACHES FOR IMPROVED PHYSICAL ACTIVITY AND NUTRITION STANDARDS IN PRESCHOOLS USING NAP-SACC (NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE), AND

B. ENHANCE AND INCREASE USE OF RATING SYSTEM FOR CONTINUED QUALITY IMPROVEMENT OF PHYSICAL ACTIVITY AND NUTRITION STANDARDS IN PRESCHOOLS

Rationale/Overall Justification:

Making positive changes in nutrition and physical activity among preschool-age children is a way to preempt the growth of childhood overweight in the state. 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 a 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 is used to enhance policies, practices and environment 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 NC Partnership for Children (NCPC) and Smart Start would provide NAP SACC.

Impact:

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

Budget:

Personnel:

4 FTEs as additional Child Care Health Consultants (CCHC) through NCPC:
.....\$248,000 (salary and benefits) recurring annually to NCPC

1 FTE at DPH to coordinate activities, train personnel and monitor evaluation:
.....\$65,000 (salary and benefits) recurring annually to DPH

.25 FTE at NC Partnership for Children (NCPC) to coordinate activities and provide technical assistance to DPH:
.....\$20,000 (salary and benefits) recurring annually to NCPC

First year implementation, training (500 day care) across state:
.....\$192,000 for one year to DPH

Subsequent year expenses for monitoring and evaluation as needed across state:
.....\$116,000 recurring annually to DPH

TOTAL annual cost: \$449,000 (after first year of \$525,000)

[note need to look at total \$ amount in main recommendation when finished]

Category #2: IMPROVING THE AVAILABILITY OF HEALTHY FOODS AT HOME AND IN THE COMMUNITY

11. THE NC GENERAL ASSEMBLY SHOULD APPROPRIATE \$414,000 ANNUALLY TO DPH TO OFFER TECHNICAL ASSISTANCE TO STATE AGENCY WORKPLACES (E.G. NC STATE HEALTH PLAN INCLUDING SCHOOLS), FOR HEALTHY WORKPLACE INITIATIVES FOR PROMOTING POSITIVE BEHAVIOR CHANGE FOR PHYSICAL ACTIVITY AND GOOD NUTRITION AMONG ADULTS TO IMPROVE ROLE MODELING FOR CHILDREN.

Rationale/Overall Justification:

Given that the behaviors that children develop regarding nutrition and physical activity are influenced by the parents, school administrators, and other mentors, it is important to try to assist parents and role models adopt 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 farmer’s 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 NC HealthSmart Initiative as well as the CDC program, School Employee Wellness are both programs that can be used to address the needs of the growing number of employees in NC who were at risk for developing, or already living with, chronic illnesses and conditions.

Budget:

Personnel to implement NC HealthSmart Worksite Wellness Program or School Employee Wellness Program (e.g., with focus on State Health Plan)

.....\$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 (training, equipment, conferences, supplies)

..... \$28,700 recurring annually to DPH

TOTAL annual cost: \$414,100

12. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD ENCOURAGE MENU LABELING BY CHAIN RESTAURANTS WITH 20 OR MORE LOCATIONS THAT INCLUDES PROMINENTLY DISPLAYED NUTRITION AND CALORIE INFORMATION FOR CONSUMERS.

Rationale/Overall Justification:

Though Americans eat out more than ever before, few restaurants provide nutrition information at the point of ordering. 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.

One study in NYC has found that patrons who saw calorie information purchased 52 fewer calories than those patrons who did not see the calorie information in the same type of restaurant (Bassett 2007 AM J Pub Health). In a broader 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% 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% 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 twenty 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 of 2008. The bill applies restaurant chains with 20 or more outlets in the state. The law describes this 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.

Budget:

There would be small costs to the restaurants covered with this law to implementing appropriate and prominently displayed nutrition and calorie information to consumers as well as additional cost added to the state's restaurant inspection process.

13. THE NC GENERAL ASSEMBLY SHOULD APPROPRIATE \$500,000 ANNUALLY TO CCNC (WITH ADDITIONAL \$174,000 FIRST YEAR) TO FACILITATE AND SUPPORT THE DISSEMINATION AND USE OF ALREADY DEVELOPED CLINICAL INITIATIVES AIMED AT OBESITY REDUCTION FOR CHILDREN AND THEIR FAMILIES.

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 NC physicians in collaboration with Eat Smart Move More. 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
- Referral to dietician 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 2 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 Obesity Task Force notes that a continued roll out of this process across the state, and the staff to support the full implementation and continued quality assessment of this process would be worthwhile given the strong evidence-base on which it was designed. The Task Force felt that more action was needed immediately, rather than waiting for pilot project results which will be focused on process measures.

The CCNC staff added with this initiative could work collaboratively with Local Health Department Obesity Prevention staff (see recommendation #1) and Healthful Living Coordinators (see recommendation #4).

Budget:

Personnel: 16-0.5 FTE childhood obesity coordinators across CCNC network
.....\$500,000 per year

One time training, CME costs for 10 remaining CCNC networks and production of tool kit for
remaining 3,000 CCNC providers:
.....\$174,000 one-time cost

**TOTAL: \$500,000 annually to CCNC with additional one time cost of \$174,000 in first
year**

Category #3: INCREASING THE FREQUENCY, INTENSITY, AND DURATION OF PHYSICAL ACTIVITY IN THE SCHOOLS

14. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD RESEARCH THE COST FOR RECURRING FUNDS FOR PHYSICAL EDUCATION AND DEVELOP A PLAN TO PHASE-IN 150 MINUTE OF ELEMENTARY SCHOOL PHYSICAL EDUCATION WEEKLY, 225 MINUTES WEEKLY OF “HEALTHFUL LIVING” IN MIDDLE SCHOOLS, AND 2 UNITS OF “HEALTHFUL LIVING” (1 SEMESTER OF HEALTH, 3 SEMESTERS OF PE) AS A GRADUATION REQUIREMENT FOR HIGH SCHOOLS. ALL SCHOOLS, SUCH AS CHARTER AND MAGNET SCHOOLS, SHOULD BE INCLUDED IN THE PHASE-IN:

A. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD REQUIRE THE EVALUATION OF BOTH THE QUALITY AND THE IMPACT OF PHYSICAL EDUCATION AND,

B. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD REQUIRE THAT 10% OF THE FUNDS AUTHORIZED FOR THE PHASE-IN BE USED TO HIRE AN INDEPENDENT EXTERNAL EVALUATOR TO ASSESS THE COSTS AND THE IMPACT OF THE EXPANSION OF MINUTES FOR PHYSICAL EDUCATION ON ACADEMIC ACHIEVEMENT AND HEALTH BENEFITS.

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 watchful eye of a qualified physical educator. Physical educators assess student knowledge, motor and social skills, and provide instruction in a supportive environment.

PHYSICAL ACTIVITY:

Any bodily movement that is produced by moving muscles. Physical activity may include planned activity such as walking, running, basketball or other sports. Physical activity may also include other daily activities such as yard work, walking the dog or taking the stairs instead of the elevator.

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, NC State Board of Education Healthy Active Children policy, the National Association of Sport and Physical Education, NC Alliance for Athletics, Health, Physical Education, Recreation and Dance as well as other leading national and state organizations.

Most of our children are in schools on a daily basis where opportunities for learning about healthy nutrition, prevention of health risk behaviors, and positive physical activity. According to 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:

<u>Year</u>	<u>Grade</u>	<u>Implementation Date</u>
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:

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

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

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

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

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

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

1. Impact of physical education (already included in work with DPI, NCAAHPERD and the IsPOD project – see overarching recommendation about standard measurement)
2. Impact of level of physical activity and amount of physical education on students' ability to learn effectively and maximize performance in school: this will include a grant program to assess in pilot LEAs (\$100,000 to DPI for 3 years)
3. Measure the impact of the instructional process in physical education (i.e., full inclusion of students, maximum participation, adequate levels of equipment, use of on-going assessment, certified teachers) through the new 2008 North Carolina Professional Teacher Standards (\$125,000 to DPI for 3 years).
4. Independent external evaluator to assess the costs and the impact quality physical education in North Carolina (\$30,000 one-time cost).

Budget:

To Be Determined in collaboration with General Assembly (preliminary estimates from informal survey have estimated \$90 million over 10 years)

Category #4: ENCOURAGING COMMUNITIES TO ESTABLISH A MASTER PLAN FOR PEDESTRIAN AND BICYCLE PATHWAYS

15. THE NC GENERAL ASSEMBLY SHOULD APPROPRIATE \$3.3 MILLION TO DPH OVER 5 YEARS TO EXPAND THE EXISTING COMMUNITY GRANTS PROGRAM TO ASSIST 15 LOCAL COMMUNITIES IN DEVELOPING AND IMPLEMENTING ACTIVE LIVING PLANS. FUNDING, OVER FIVE YEARS, SHOULD BE USED TO SUPPORT COMMUNITY EFFORTS THAT WILL EXPAND THE AVAILABILITY OF SIDEWALKS, BICYCLE LANES, PARKS, AND OTHER OPPORTUNITIES FOR PHYSICAL ACTIVITY AND RECREATION.

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 adoption of a holistic approach that connects with 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 which 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 public 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; promotions and programs to encourage the use of these facilities, and independent evaluation of these projects.

Budget:

Increase capacity of existing Community Grants Program to assist 15 local communities 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 annual cost for 5 years: \$3.3 million

16. THE NORTH CAROLINA 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 a wealth of 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.

[NEED TO ADD DISCUSSION OF LEGISLATION INTRODUCED IN 2007/2008]

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.”

Budget: None

17. THE GOVERNOR/LEGISLATURE SHOULD CREATE/DIRECT AN INTERAGENCY LEADERSHIP COMMISSION THAT INCLUDES SENIOR LEVEL AGENCY STAFF FROM THE NORTH CAROLINA 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, NORTH CAROLINA STATE BOARD OF EDUCATION, NORTH CAROLINA ASSOCIATION OF METROPOLITAN PLANNING ORGANIZATIONS, ASSOCIATION OF LOCAL HEALTH DIRECTORS, NORTH CAROLINA RECREATION AND PARK ASSOCIATION, NORTH CAROLINA STATE SOCIETY FOR HUMAN RESOURCE MANAGEMENT, AND THE NORTH CAROLINA CHAMBER TO DEVELOP INTERAGENCY PLANS TO PROMOTE ACTIVE LIVABLE COMMUNITIES.

A) THE INTERAGENCY COMMITTEE SHOULD:

- 1) 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.**
- 2) ADDRESS LIABILITY PROTECTION FOR SHARED USE OF SCHOOLS AND FOR ENCOURAGEMENT OF SAFE ROUTES TO SCHOOLS.**
- 3) EXAMINE CURRENT POLICIES TO PROMOTE THE CITING AND DEVELOPMENT OF MORE WALKABLE SCHOOLS.**

B) THE INTERAGENCY COMMITTEE 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, our loss of greenspace, our limited public transportation system, and the negative effects these changes have on our 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 sources (federal, developers, etc) 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 citing and 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:

Personnel: Planner with NC experience to coordinate state efforts
.....\$85,000 annually for 3 years

Other expenses including operational funds and staff support
.....\$85,000 annually for 3 years

TOTAL annual cost for 3 years: \$170,000

**Category #5: IMPROVING ACCESS TO SAFE PLACES
WHERE CHILDREN CAN PLAY**

18. 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)) recommends “Schools and communities should coordinate their efforts to make the best use of their resources in promoting physical activity among young people.” This include 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

19. ENCOURAGE THE SCHOOL PLANNING SECTION IN THE DIVISION OF SCHOOL SUPPORT IN THE NC DPI 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 FOLLOWING 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 State Board of Education by January 1, 1988, and every five years thereafter.” The 1995 General Assembly of North Carolina authorized the School Capital Construction Study Commission and charged the Commission to conduct a comprehensive study of public school facility needs in North Carolina. 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, assists 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

20. THE NC GENERAL ASSEMBLY SHOULD PROVIDE \$XX TO THE NC DIVISION FOR PARKS AND RECREATION FOR FUNDING FOR TRAILS AND GREENWAYS IN NC THROUGH THE EXISTING ADOPT-A-TRAIL GRANT PROGRAM TO INCREASE ACCESSIBILITY TO CHILDREN FOR RECREATION AND TRANSPORTATION.

Rationale/Overall Justification:

[need this]

Budget: To be determined

Category #6: ACTIVITIES OR PROGRAMS THAT LIMIT CHILDREN'S SCREEN TIME

21. Develop and expand reach of interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities including:

A. Implementation of a statewide social marketing campaign (e.g. CDC's "Tame the Tube") targeting parents and teachers of school-age children

B. Explore 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% of adolescents watch more than 2 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 critical need to have a comprehensive and holistic community response in developing and implementing programs promoting physical activity, improved nutrition and 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. According to the Pew Internet & American Life Project, video games are beneficial and can have positive effects on children's civic and social development. For most teens, gaming is a social activity and a major component of their overall social experience. In one New Zealand study, researchers studying game use by 21 children showed that some video games produced about as much activity as walking, skipping and jogging, according to the report in August in *Pediatric Exercise Science*. Some of the new video games burn more calories than walking on a treadmill, the American Academy of Pediatrics reported last year in its medical journal.

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 Eat Smart, Move More social marketing campaign priorities (see Overarching Recommendation #2).

Budget: None

(Social marketing expenses for Tame the Tube messages are included in overall recommendation for social marketing campaign)

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- ⁱⁱ Trust for America's Health. F as in fat: how obesity policies are failing in America, 2007. Washington, DC: Trust for America's Health; 2007. <http://www.healthyamericans.org>. Accessed February 19, 2008.
- ⁱⁱⁱ North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics., Raleigh NC.
- ^{iv} U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: U.S. Department of Health and Human Services; 2001. Available from: www.surgeongeneral.gov/topics/obesity/.
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- ^{xiii} Finkelstein, EA, IC Fiebelkorn, & G Wang. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research* Vol. 12 No 1. January 2004. Available at: <http://www.obesityresearch.org/cgi/reprint/12/1/18/.pdf>
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- ^{xv} Finkelstein, EA, IC Fiebelkorn, & G Wang. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research* Vol. 12 No 1. January 2004. Available at: <http://www.obesityresearch.org/cgi/reprint/12/1/18/.pdf>
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STATE BOARD OF EDUCATION
Child Obesity Pilot Programs *ThinkTank*
Participant Name/Organization

NAME	TITLE/BUSINESS
Ammerman, Alice S.	Director Center for Health Promotion The University of NC at Chapel Hill
Atkinson, June St. Clair	State Superintendent NC Department of Public Instruction
Buse, John	Endocrinologist UNC Highgate Specialty Centre
Cain, Kevin	CEO John Rex Endowment
Collins, Paula Hudson	Senior Policy Advisor Healthy Responsible Students NC State Board of Education
Devlin, Leah	State Health Director Division of Public Health NC Department of Health and Human Services
Easter, Jon	US Community Partnerships GlaxoSmithKline
Gardner, Dave	Director Corporate and Community Health WakeMed Health and Hospitals
Garland, Rebecca	Chief Academic Officer Associate State Superintendent Innovation and School Transformation
Highsmith, Pam	Chief Executive Officer Poe Center for Health Education
Huff, Olson	Olson Huff Center at Mission St. Joseph's
Insko, Representative Verla	Representative-Legislative Orange County
Largarde, Bill	WakeMed Health and Hospitals
Lazorick, Suzanne	Assistant Professor, Pediatrics Brody School of Medicine East Carolina University
Lee, Howard N.	Chairman NC State Board of Education
Leonard, Kevin	Senior Government Relations Manager Womble Carlyle Sandridge & Rice, PLLC



STATE BOARD OF EDUCATION
Child Obesity Pilot Programs *ThinkTank*
Participant Name/Organization

NAME	TITLE/BUSINESS
	YMCA Representative
MacDougall, Jennifer Z.	Blue Cross and Blue Shield of NC
Malloy, Meg	Executive Director NC Prevention Partners
Mayer-Davis, Elizabeth J.	Professor-Department of Nutrition UNC at Chapel Hill
Morrow, Ron	Executive Director NCAAHPERD
Piehl, Mark	WakeMed Faculty Physicians Pediatric Critical Care and Inpatient Pediatric
Pilkington, William A.	Chief Executive Office & P.H. Director Cabarrus Health Alliance NC
Purcell, Senator William R.	Senator –Legislative Office
Queen, J. Allen	Professor UNC Charlotte
Schwarz, Robert	Wake Forest University Baptist Medical Center
Shore, Steve	Executive Director NC Pediatric Society
Tayloe Jr., David T.	Goldsboro Pediatrics P.A.
Yongue, Representative Douglas Y.	Representative-Legislative Office

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

SESSION LAW 2008-107
HOUSE BILL 2436

MATERNAL AND CHILD HEALTH BLOCK GRANT

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 cochaired by the State Health Director and the Chairman of the State Board of Education. 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 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) NC Hospital Association.
- (6) NC 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.