



NCIOM Prevention Task Force: Recommendations To Reduce & Prevent Obesity

Presentation to Task Force on Preventing Childhood Obesity

Pam Silberman, JD, DrPH

President & CEO

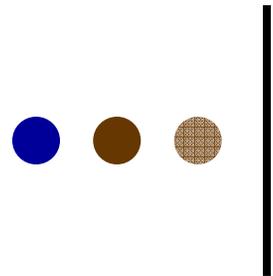
October 9, 2008





Overview

- Background on the North Carolina Institute of Medicine
 - Task Force process
- Prevention Task Force
- Obesity-related Recommendations



NC Institute of Medicine

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

NCGS §90-470





Task Force/Study Group Process

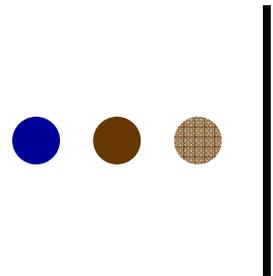
- NCIOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of between 30-60 people
 - Task Forces are guided by co-chairs who run the meetings
 - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
 - Work often guided by a smaller steering committee
 - Meetings are open to the public





Using Research to Inform Policy

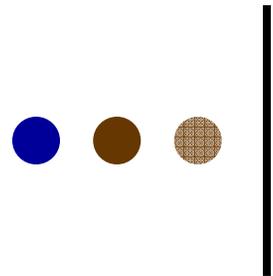
- NCIOM staff and other task force experts identify and synthesize relevant research
 - Studies focus on identifying “evidence-based” and “best” and “promising” policies, programs, and practices
 - Information used to inform the task force deliberation process
- Task Force uses the information to shape policy and programmatic recommendations



Prevention Task Force

- NCIOM working with the Division of Public Health and many other organizations to develop a Prevention Action Plan for the state
- Examining the underlying causes of the leading causes of years of life lost to death and disability
 - Meeting from April 2008 to June 2009
 - Supported by the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the NC Health and Wellness Trust Fund, and the Kate B. Reynolds Charitable Trust
 - Interim Plan to be presented to North Carolina General Assembly in January 2009
 - Prevention Action Plan to be presented at statewide summit in Fall of 2009





Task Force Charge

- Comprehensively examine preventable, underlying causes of *death and morbidity*
- Examine health disparities
- Prioritize prevention strategies based on *evidence-based interventions*
- Develop comprehensive approach to prevention



Preventable Causes of Death and Morbidity

	Alcohol Drugs	Bacter- ial Infect. Agents	Diet, exercise, obesity	Emot'l psych. factors	Pollu- tants	Tobac.	STDs, HIV, & Unint. Preg.
Cancer	✓		✓		✓	✓	✓
Heart Disease	✓		✓	✓		✓	
Resp. disease			✓		✓	✓	
Alcohol Drug	✓			✓			
Motor vehicle injuries	✓						

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Cereb. disease	✓		✓			✓	
Infect. Disease	✓	✓			✓		✓
Diabetes			✓				
Depress- ion	✓			✓		✓	
Other injuries	✓		✓			✓	

● ● ● | Comprehensive Approach

- NCIOM Prevention Task Force examines evidence-based strategies that have been shown to make a positive impact on preventable causes of death and morbidity in the following arenas:
 - Personal behaviors
 - Community and environment
 - Clinical care
 - Public and health policy





Preventing Childhood Obesity: Framework

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



Disclaimers

- NCIOM Prevention Task Force is still in the process of formulating and discussing recommendations
- The following slides list some of the NCIOM Task Forces' DRAFT recommendations related to improving nutrition and increasing physical activity
 - The recommendations are *not* listed in priority order, rather they are displayed following the Framework for the Task Force on Preventing Childhood Obesity



Providing healthier food to students



● ● ● | **Background**

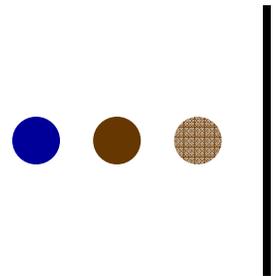
- Average American eats out 5.8 times / week
- Meals eaten away from home are typically higher in calories and fat than meals prepared at home
- Consumers underestimate the calorie content of foods eaten away from home

● ● ● | Recommendation N1

- The North Carolina General Assembly should enact menu labeling laws to require chain restaurants with 20 or more locations to include prominently displayed nutrition and calorie information for consumers.
(Note: The California menu labeling law (SB 1420) signed into law October 2, 2008 applies to chain restaurants having 20 or more outlets in California.)

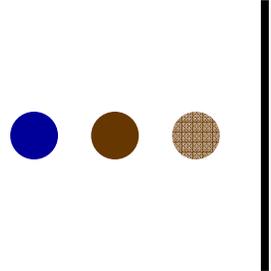
● ● ● | **Background**

- Every year, an estimated \$10 billion goes to marketing targeted at children and youth in the US.
- Schools are a prime arena through which products are marketed to children and youth.
- Schools play a major role in shaping lifelong health behaviors



Recommendation N2

- The North Carolina General Assembly should enact a law to remove advertising and marketing for unhealthy foods in schools.

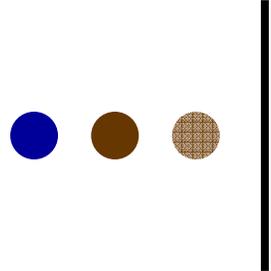


Background

- Elementary schools lost a combined \$20 million during implementation of the nutrition standards
 - Decline in a la carte sales severely impacted operating balances
 - Indirect and other costs (e.g. increased food costs and required salary increases for food service personnel) have further impacted bottom-line

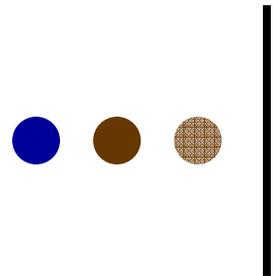
● ● ● | Recommendation N3

- a) The North Carolina General Assembly should appropriate \$20 million in recurring funds to support nutrition standards implementation in elementary schools. *Notes:*
 - *Districts receiving state funds should be required to eliminate sales of unhealthy a la carte items at middle and high school levels.*
 - *Some discussion about whether we should require 30 minutes for lunch in the schools*
- b) The North Carolina General Assembly should appropriate \$XX million to pilot the implementation of improved nutrition standards in middle schools. *(Note: This recommendation is still under consideration)*



Background

- NC §115C-264.2 Vending Machine Sales
 - Limits beverages
 - Requires snack vending meets the proficient level of the NC Eat Smart Nutrition Standards
 - Elementary schools: Snack vending is not allowed
 - Middle and high schools: 75% snacks not to exceed 200 cal
 - Current vending laws do not regulate fat or salt content
 - No enforcement of this law and no reporting requirements



Recommendation N4

- The State Board of Education should require school administrators to report fat composition, salt, and calorie content of all foods available through school vending machines to the Department of Public Instruction at least twice per year.



Improving the availability of healthy foods at home and in the community



● ● ● | Background

- Diets high in fruits and vegetables guard against chronic disease (e.g. CVD, type 2 diabetes)
- Fewer than 1 in 4 North Carolina adults consume 5+ fruits and vegetables / day
- Socioeconomic status disparities (consumption decreases as education decreases and as income decreases)
- Low income communities have less access to affordable fruits and vegetables

● ● ● | Recommendation N5

- Employers and faith-based organizations should offer farmers markets/farm stands at the workplace and in the faith community (with a focus on serving low-income individuals and neighborhoods).
 - *Eat Smart, Move More NC* will provide technical assistance



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

● ● ● | Background

- State regulation requires 30 min physical activity / day for grades K-8
 - 87% children ages 5-10 get more than 1 hour of physically active play on a typical day
 - 55% middle school students get 60 min physical *activity* (PA) on 5/7 days (recommended is 7 days)
- High school students required to take one unit of combined health education/physical activity
 - 44% high school students get 60 min PA on 5/7 days (recommended is 7 days)

● ● ● | **Background, cont'd**

- Physical education is recommended by the National Association for Sport and Physical Education (NASPE) “to develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity”
- Current barriers to requiring physical education in North Carolina schools
 - Lack of certified PE teachers
 - Lack of appropriate facilities



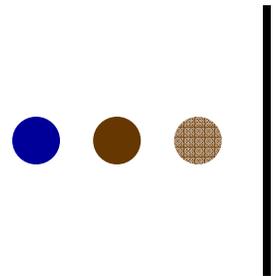
Recommendation PA1

- a) The North Carolina General Assembly should appropriate \$XX/year over YY years to the North Carolina Department of Public Instruction to pilot an expanded physical education curriculum in schools.
- b) The State Board of Education should work with the Department of Public Instruction to identify or develop academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.



**Encouraging communities to
establish a master plan for
pedestrian and bicycle pathways**





Background

- The built environment impacts daily physical activity
 - People with access to sidewalks, walking/jogging trails are more likely to be active
 - People with access to neighborhood parks 2x as likely to be physically active

● ● ● | **Recommendation PA3**

- The North Carolina General Assembly should appropriate \$3.3 million in recurring funding to the North Carolina Division of Public Health to expand the existing Community Grants Program to assist 15 local communities over 5 years in developing and implementing Active Living Plans. Funding should be used to support community efforts that will expand the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.



Alternative or Additional Recommendation

- The North Carolina General Assembly should authorize counties/municipalities the local option to hold a referendum to increase the sales tax by $\frac{1}{2}$ cent for community transportation, parks, and sidewalks.

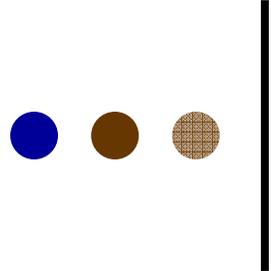


Recommendation PA4

- The Governor/Legislature should create/direct an interagency commission that includes senior level representatives from state and local agencies to develop interagency plans to promote active livable communities. The interagency committee should:
 - Identify options to expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces.
 - Examine current policies to promote the citing and development of more walkable schools.



Improving access to safe places where children can play



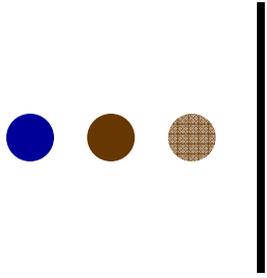
Background

- Access to parks and time outdoors is associated with more physical activity for children and adolescents
- Elementary and middle school children are more active at school with more facilities, equipment, and supervision



Recommendation PA2

The State Board of Education should work with the North Carolina School Boards Association, and other state and local agencies to encourage collaboration among local schools, parks and recreation, and/or other community groups to expand the use of school facilities for after-hours community physical activity programs.



Potential Cross-cutting Recommendations for NCIOM Prevention Task Force & Task Force on Prevention Childhood Obesity





Background

- Sustainable, statewide, community-level interventions are needed as part of a comprehensive approach to addressing obesity.
 - Evidence-based practices: Doing what *does* work
 - Best and promising practices: Doing what *can be* or *may be* effective
- Evaluation is key to learning what works in NC and in specific communities
- Wide dissemination of best and promising practices increases reach of interventions to more North Carolinians

● ● ● | Recommendation NPA-2

- The North Carolina General Assembly should provide \$10.5 million in recurring funding to the Division of Public Health to allow full implementation of the *Eat Smart, Move More NC* state plan for obesity in selected local communities and to identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state.

● ● ● | **Recommendation NPA-3**

- Foundations should continue to fund community-based and clinical interventions and evaluations aimed at improving nutrition, increasing physical activity, and preventing obesity.

● ● ● | **Recommendation NPA-4**

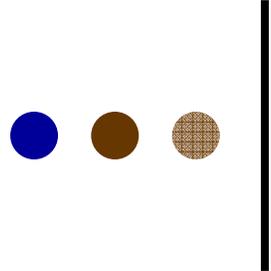
- NC Foundations should support an annual conference hosted by *Eat Smart, Move More North Carolina* to share best practices with community groups working on various nutrition, physical activity, and obesity prevention initiatives.

● ● ● | **Background**

- Community-wide campaigns are strongly recommended by CDC-Community Guide to increase physical activity
- Mass media campaigns may be effective according to CDC-Community Guide
 - Tobacco: Social marketing campaign in NC is very successful

● ● ● | **Recommendation NPA-5**

- The North Carolina General Assembly should appropriate \$9.0 million annually to raise public awareness and to develop a statewide social marketing campaign to promote physical activity and nutrition behaviors identified by the Centers for Disease Control and Prevention to guide state efforts against obesity.



Background

- Evaluations of prevention projects should be shared statewide with other communities, groups, organizations, and institutions in order to:
 - Reduce duplication of efforts
 - Further refine interventions
 - Maximize the positive impact and benefits of effective interventions for all North Carolinians.



Recommendation

- North Carolina Foundations should provide \$XX to fund the UNC Center for Health Promotion and Disease Prevention to expand its existing national databases/web portals in order to review, describe, and provide access to intervention materials for evidence-based and promising prevention programs and policies within North Carolina that focus on improving nutrition; increasing physical activity; and adapting this approach to address other health promotion strategies.



Other Areas of Interest to NCIOM

**Primary Care: Prevention,
treatment, and referral**



Background

- 2.2 million children (age 0-17) in NC
- 560,000+ low-income, Medicaid-enrolled children in NC
 - Approximately 168,000 (30%) of them are estimated to be overweight or at-risk of overweight
- Screening, counseling, and referral opportunities are often missed in the primary care setting

● ● ● | **Recommendation NPA-1**

- **Recommendation NPA-1:**
- a) The North Carolina Division of Medical Assistance and the North Carolina Office of Rural Health and Community Care should continue to implement and evaluate the Community Care of North Carolina pilot project aimed at obesity reduction.
- b) If successful, the Childhood Obesity Prevention Initiative of Community Care of North Carolina should be implemented statewide in order to reach all Medicaid-enrolled children.





For More Information

Websites: www.nciom.org
www.ncmedicaljournal.com

Key contacts:

- Pam Silberman, JD, DrPH
President & CEO
919-401-6599 ext. 23
pam_silberman@nciom.org
- Jennifer Hastings
Project Director, Prevention Task Force
919.401.6599, ext. 22
jennifer_hastings@nciom.org

