

**North Carolina Institute of Medicine
Task Force on Prevention
August 27, 2008
Meeting Minutes**



Chairs: Leah Devlin, DDS, MPH, State Health Director, NC Department of Health and Human Services; Steve Cline, DDS, MPH

Task Force Members/Steering Committee Members: Tom Bacon, Moses Carey, Paula Collins, Calvin Ellison, John Frank, Robert Greczyn, Greg Griggs, William Lawrence, Peter Lehmuller, Michael Lewis, Meg Molloy, Peg O'Connell, William Pully, Senator Joe Sam Queen, Kelly Ransdell, George Reed, Pam Seamans, Robert Seligson, Vandana Shah, Michael Tarwater, Joyce Young, Alice Ammerman, Danielle Breslin, Steve Cline, Jennifer MacDougall, Ruth Petersen, Meka Sales, Kristie Thompson

Interested Persons and Speakers: Semra Aytur, Kym Ballard, Phil Bors, Kevin Cain, DeeDee Downie, Jacqueline Epping, Sarah Edwards, Carol Ford, David Gardner, Leah Hamright, Leigh Haugseth, Ben Hitchings, Lynn Hoggard, Elizabeth Ireland, Lara Khalil, Rob Lamme, Chris Mackey, Justin Moore, Ron Morrow, Jimmy Newkirk, Kay Phillips, Keith Ray, Holly Ready, Rebecca Reeve, Valerie Russell, Lori Schneider, Jessica Schorr Saxe, Dean Simpson, Cathy Thomas, Sheree Vodicka, Diane Ward

NCIOM Staff: Pam Silberman, Mark Holmes, Jennifer Hastings, Thalia Fuller, Kimberly Alexander-Bratcher, Berkeley Yorkery

Review of Recommendations from July 31 Meeting on Poor Nutrition

The Task Force reviewed recommendations. No changes were made. It was noted that a committee will meet to further develop recommendations around child nutrition standards. These will be reported back to the Task Force at a later meeting.

Defining the Problem of Physical Inactivity in North Carolina

Justin B. Moore, PhD, MS, Assistant Professor, Department of Public Health, Brody School of Medicine, East Carolina University

Dr. Moore provided an overview of key definitions, terms, physical activity recommendations, and North Carolina statistics.

- Physical activity (PA) is any bodily movement produced by moving muscles and using energy. Exercise is a subset of physical activity that is planned and structured with an intent to increase physical fitness.
- PA recommendations for children and adults are very different: Adults should get at least 30 minutes of moderate PA at least 5 days a week—or—at least 20 minutes of vigorous PA at least 3 days a week—plus—8 to 10 strength training exercises (8-12 repetitions of each) twice a week. Children should get at least 60 minutes of moderate to vigorous PA every day of the week.
- PA has a protective effect. As fitness increases, risk of death related to various conditions decreases, such as hypertension, COPD, diabetes, and smoking (in those who have the

condition/risk factor). PA is associated with a reduction in all-cause mortality and comorbidities.

- Nationwide: There is an increasing trend in the percentage of overweight children (ages 2-16), and 40% of adults reported no leisure time activity.
- In NC, 1 in 4 adults reports no leisure-time PA. Just 55% of middle school youth reported being physically active for 60 minutes on 5 of 7 days, while 44.3% of high school youth did. In general, males do better than females, and whites are more likely to be physically active than blacks and Hispanics. Nearly 45% of middle school students and 35% of high school students watch 3+ hours of TV on an average school day.
- Significant disparities exist in terms of who is reaching the Healthy People 2010 objective for regular PA. There are race, education, age, and urban/rural residence disparities.

North Carolina Initiatives to Increase Physical Activity

Jimmy Newkirk, Assistant Branch Health and Physical Activity Unit Manager, Physical Activity and Nutrition Branch, North Carolina Division of Public Health

Phil Bors, Project Officer, Active Living by Design

- To address physical inactivity and the obesity epidemic, it is critical to intervene at the policy and environment levels.
- Eat Smart, Move More NC is a statewide movement with many tools and resources and multiple partners including health departments, Healthy Carolinians, and School Health Advisory Councils. ESMM works closely with health promotion coordinators and coalitions. ESMM has developed tools, resources, and programs to increase physical activity in the community environment, schools, faith communities, worksites, and after school, child care, and health care environments. Other ESMM tools and resources are directed at the individual level. The ESMM's Move More Scholars Institute trains community-based PA professionals.
- Large-scaled PA projects in NC include: 1) Childhood obesity demonstration project, which is giving \$475 K for 1 year to 4 communities to conduct multi-level, multi-sector interventions; 2) the Healthy Environments Collaborative, which brings together state departments (the NC Department of Transportation, the NC Department of Commerce, the NC Department of Environment and Natural Resources, and the NC Department of Health and Human Services) to integrate and influence interdepartmental efforts to improve the health of NC's people, environments, and the economy; and 3) the Fit Community program that gives grantees funding for various built environment and active living projects.
- The built environment influences what activity happens, how we move, access to opportunities and choices, and community character. A properly enhanced built environment increases an individual's likelihood of being physically active. This includes enhancements such as sidewalks, walking/jogging trails, neighborhood parks, and school facilities, equipment, and supervision. Other closely-aligned benefits to making improvements in the built environment include reducing crime and increasing safety. Low-income communities and communities of color have less access to green space, recreational facilities, and also have more concerns about crime and safety.
- Recommended standards for PA in after-school programs are under development. Involved stakeholders include after-school programs, the NC Division of Public Health, the NC Department of Social Services, the NC Department of Public Instruction, and the NC Department of Juvenile Justice and Delinquency Prevention.

Furthering North Carolina's Progress

Jacqueline Epping, MEd, Physical Activity and Nutrition Branch, Division of Nutrition, Physical Activity, and Obesity, US Centers for Disease Control and Prevention

- States should consider direct measurement for surveillance since most surveillance is self-report, which tends to be over-reported.
- It is important to include all stakeholders including those who are not “positive” and to expand all partnerships and collaborations to include land use planning, transportation, and advocacy organizations along with the typical stakeholders.
- NC is a good model for the nation due to its state-level public health dedication to PA, focus on staff development, early adoption of built environment initiatives, and many Division of Public Health products to guide state efforts. BUT, NC needs the following to further progress:
 - Greater public health infrastructure and capacity
 - Engagement from all sectors
 - Policies that support and facilitate PA
 - Measured outcomes

Discussion of Potential Physical Activity Recommendations

SCHOOL-RELATED RECOMMENDATIONS

Recommendation PA1:

- a) The North Carolina General Assembly should appropriate \$XX and require that elementary and secondary students receive regular physical education and physical activity in schools.
 - 1) The State Board of Education should adopt standards for physical education that follow the recommendations of the National Association for Sport and Physical Education (NASPE)
 - 2) Physical education should be taught by qualified Physical Education teachers.
 - 3) Physical education requirements should be integrated into the existing physical activity requirements so that students continue to receive at least 30 minutes per day of physical activity in elementary and middle schools, and at least XX units of physical activity in high school.

Alternative recommendation:

- b) The North Carolina General Assembly should appropriate \$XX/year over YY years to pilot a mandatory PE curriculum in schools.
 - 1) North Carolina foundations should help fund studies to evaluate the health and educational impact of physical education in schools. Mandatory PE in schools should be expanded statewide if the evaluation determines that the pilots have been successful in enhancing student health and well-being and/or student academic achievement

Recommendation PA2:

- a) The State Board of Education should encourage Local Education Authorities to allow Parks and Recreation or other community groups to use school facilities for after-hours community physical activity programs.

- b) The State Board of Education should examine successful initiatives and identify barriers, if any, which prevent local school districts from offering the use of school grounds and facilities for after-hour physical activity programs. The SBE should identify any barriers which require legislation and bring these to the XXX no later than YY.

Other possible school-based recommendations:

- Coordinated school health model that integrates parents into physical activity
- Promote the development of neighborhood schools
- Expand Safe Routes to Schools initiatives

COMMUNITY-BASED RECOMMENDATIONS

Recommendation PA3:

The North Carolina General Assembly should:

- a) Increase funding to provide grants to local communities to expand opportunities for physical activity.
- b) Authorize counties/municipalities to hold a referendum to increase the sales tax by .01. The sales tax to be used for community transportation, parks, and sidewalks.
- c) Appropriate \$XX to YY to work with local communities on a community needs assessment, with the goal of developing a master community-wide plan to enhance the built environment to support active living.
- d) Appropriate \$XX to YY to fund XX pilot programs to develop model healthy communities. Funding should be provided over the course of five years, and 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.
 - 1) Funding should be provided to at least XX urban and YY rural communities. The Division of Public Health should provide technical assistance to these communities.
 - 2) The pilot projects should involve community agencies and organizations including but not limited to governmental planning groups, public health, schools, parks and recreation, transportation, the faith community, developers, businesses, and other community partners.
 - 3) The pilot programs should begin with a needs assessment to create a community-wide plan to enhance the built environment to support active living.
 - 4) The Division of Public Health should allocate ten percent of the funds to arrange for an independent evaluation of these pilot projects. The evaluation should XXX.
 - 5) If successful, the North Carolina General Assembly should expand funding to replicate successful efforts in other parts of the state.

Recommendation PA4:

- a) The North Carolina Department of Transportation should aggressively seek out any federal funding opportunities to increase funding for land-use and transportation policies that enhance the built environment to support active living.
- b) The North Carolina Department of Transportation should work with the North Carolina League of Municipalities and the North Carolina County Commissioners Association to actively promote the availability of federal funding for these purposes.

Recommendation PA5:

- North Carolina faith communities and other community organizations should assume a leadership role in offering affordable after school physical activity opportunities for school-aged children.

Other potential recommendations:

- The North Carolina General Assembly should mandate that counties and municipalities develop community-wide land use plans to enhance the built environment to support active living. Counties/municipalities should encourage community participation in developing these plans, and include governmental agencies, public health, schools, parks and recreation, transportation, the faith community, developers, businesses, and other community partners.

EMPLOYERS, PAYERS, AND INSURERS

Recommendation PA6:

- a) North Carolina employers should provide incentives to workers to engage in healthy behaviors, such as but not limited to:
 - 1) Offering Health Risk Assessments and counseling opportunities for employees to support healthy lifestyle choices
 - 2) Offering healthy food choices in cafeterias and vending machines
 - 3) Providing employees with time to engage in physical activity while at work
 - 4) Enhancing the physical facility to encourage physical activity
 - 5) Offering farmers markets in workplaces
 - 6) Provide incentives in health insurance to engage in healthy behaviors
- b) The North Carolina General Assembly should provide \$XX to YY to offer technical assistance to employers who need assistance in developing healthy workplaces
- c) The North Carolina General Assembly should study the possibility of offering tax incentives to businesses that create healthy worksites and offer preventive benefits.
(This may be a cross-cutting recommendation.)

RESEARCH AND DISSEMINATION

Recommendation PA7:

- a) North Carolina Foundations should provide \$XX to fund [XX/YY] to develop database/web portal to describe evidence-based and best and promising programs and policies within the state that address improving nutrition, increasing physical activity, and preventing obesity.*
 - a. \$XX in funding should be used to support an annual conference to share best practices with community groups working on various nutrition/obesity prevention programs.
- b) \$XX in funding should be used to support training and technical assistance to community groups to implement evidence-based nutrition, physical activity, and obesity prevention strategies.
**May be a cross-cutting recommendation for all prevention activities.*

Other potential recommendation:

- Encourage academic centers to engage in community-based participatory research to develop community coalitions for broad-based obesity reduction efforts.