

**North Carolina Institute of Medicine
Task Force on Prevention
July 31, 2008
Meeting Minutes**



Chairs: Leah Devlin, DDS, MPH, State Health Director, NC Department of Health and Human Services; William Roper, MD, MPH, CEO, UNC Health Care System, and Dean, UNC School of Medicine (not present)

Task Force Members/Steering Committee Members: Tom Bacon, Johanna Chase, Paula Collins, Calvin Ellison, John Frank, Barbara Goodmon, Olson Huff, Polly Johnson, Michael Lewis, Meg Molloy, Peg O'Connell, Bob Parker, Austin Pittman, Barbara Pullen-Smith, Bill Pully, Sen. William Purcell, Sen. Joe Sam Queen, Kelly Ransdell, George Reed, Pam Seamans, Bob Seligson, Vandana Shah, Jackie Sheppard, Bill Smith, Lisa Ward, Chuck Willson, Joyce Young, Alice Ammerman, Jennifer MacDougall, Ruth Petersen, Marcus Plescia, Meka Sales, Kristie Thompson

Interested Persons: Alice Lenihan, Diane Beth, Anne Butzen, Carol Ford, Cameron Graham, Sally Malek, Jim Martin, Keith Ray, Holly Ready, Rebecce Reeve, Jessica Schorr Saxe, Cathy Thomas, Sheree Vodicka, Margo Wootan

NCIOM Staff: Pam Silberman, Mark Holmes, Jennifer Hastings, Christine Nielsen, Thalia Fuller, Kimberly Alexander-Bratcher, David Jones

Review of Recommendations from May 8 Meeting on Tobacco Use

The Task Force reviewed recommendations and agreed to modify the recommendation regarding increasing the cigarette tax. The current potential recommendation is for a \$1 initial tax increase and subsequent increases to ensure North Carolina's cigarette tax never falls below the national average.

Defining the Problems of Poor Nutrition & Obesity in North Carolina

Marcus Plescia, MD, MPH, Chief, Chronic Disease and Injury Section, Division of Public Health, North Carolina Department of Health and Human Services

Dr. Plescia provided an overview of the burden of overweight and obesity in North Carolina. Key facts include:

- Obesity is a rapidly increasing trend throughout the country. It is an epidemic. It is not a result of a single factor like genetics or behavior.
- In 1990, there was not a single state in which more than 14% of its population was obese (BMI \geq 30). By 2006 there were only 2 states in which less than 20% of its population was obese.
- North Carolina is the 17th most overweight state, with 62.3% of adults considered overweight or obese. The percentage of adults in North Carolina considered obese has doubled from 13% in 1990 to 27% in 2006.
- In terms of child overweight and obesity, North Carolina ranks the 5th worst of all states in the nation. One-third of children in North Carolina are either overweight or obese. The odds of being obese are 50% higher for rural children and youth.

- African-Americans (74%) and Native Americans (68%) in North Carolina have significantly higher rates of obesity and overweight compared to whites (61%).
- Poor diet/physical inactivity was the second largest factor leading to death in the US in 2000.
- The annual economic cost of unhealthy lifestyles in North Carolina is estimated to be \$24.1 billion, with excess weight costing \$9.7 billion, type 2 diabetes \$3 billion, and inadequate fruit and vegetable consumption \$2.4 billion.
- North Carolina data, including county by county comparisons, are available at <http://www.eatsmartmovemorenc.com/ObesityInNC/ObesityInNC.html>

The key to making a difference will be to change the “obesogenic environment” in which we make nutrition decisions. We should not focus our energies on the choices people make, but the choices people have. In short, we should change the circumstances, not the people. Potential areas to focus on include:

- Breastfeeding. There is a clear relationship between breastfeeding and a child’s health/weight. There is also a clear health disparity around this issue. Although 84% of white women in North Carolina have ever tried breastfeeding, only 47% of African-American women have.
- Fruit and vegetable consumption. Only 21% of adults in North Carolina report eating 5 fruits or vegetables per day.
- Sugar-sweetened beverage consumption. Drinking one 12oz can of soda per day could lead to a weight gain of 15 pounds in one year. Approximately 80% of 14 year olds in the US consume at least one soft drink daily.
- Portion sizes. Americans consume larger portions under the premise that it is a good value.
- Meals eaten away from home. One in four Americans eats a fast food meal every day. In general, meals eaten away from home are higher in fat and calories, and lower in nutrients.
- Access to healthy foods. Residents of poor neighborhoods often don’t have access to many healthy food options.

North Carolina Initiatives to Improve Nutrition

Alice Ammerman, DrPH, RD, Director, UNC Center for Health Promotion and Disease Prevention

Although there is not a lot of conclusive evidence about what the most effective strategies to improving nutrition are, we cannot afford to wait and should act with the best *available* evidence we have. Strategies focus on the personal, community, clinical, or public and public health policy level.

- Personal behavior. Intensive long-term interventions with social support and skill development are the most effective. Action for change: Facilitating more research-practice collaboration by leveraging research funding and assuring broad dissemination of evidence-based interventions.
- Community. The most effective strategies are mass media campaigns and increasing access to healthy foods/decreasing access to unhealthy foods. Action for change: Leveraging WIC/Food Stamp policy changes to increase fruit and vegetable access

among low-income populations, and creating greater collaboration between public health nutrition and agriculture experts.

- **Clinical.** Interventions must be intensive and long-term. North Carolina has very strong primary care networks, as well as innovative third party payers. Action for change: Fostering greater collaborations between clinicians, public health, industry, and academia. We could also improve reimbursement policies for obesity-related care.
- **Public Health Policy.** There is some evidence for school-based and worksite/organizational policies. Examples of effective efforts include flattening the childhood obesity curve in Arkansas, and decreasing the BMI in Somerville, MA. Action for change: Supporting child nutrition standard implementation by softening the barrier of indirect costs. It could also come through supporting school wellness policies, improving access to healthy foods through WIC, and farm-to-school programs.

Employer Based Strategies for Improving Workplace and Employee Nutrition

Joyce Young, MD, MPH, Preventive Medicine Specialist/Well-being Director, IBM

There are five main ways for employers to focus on improving nutrition at work:

1. **Food policy.** This includes designating someone to be responsible for all food-related activities such as meeting planning and vending machines.
2. **Food Supply.** The best way to influence food policy is through interactions with food suppliers. They should be responsible for providing healthier choices at their client's request.
3. **Benefit Design.** Increase access to nutrition counseling and weight management support.
4. **Communication & Messaging.** Be consistent about food policies. Train administrative staff on nutrition requirements when discussing catering.
5. **Weight Management & Reduction Initiatives.** This needs to be a long-term process to be successful. Potentially difficult social situation for someone who has trouble losing weight or quickly puts weight back on.

Healthy Hospital Initiative Overview

Meg Molloy, DrPH, MPH, RD, Executive Director, NC Prevention Partners

The Healthy Hospital Initiative focuses on:

1. Providing access to healthy foods by helping hospitals adopt and implement healthy food guidelines, as well as adjusting procurement specifications with all vendors to offer healthy options.
2. Using price structures to incentivize consumers to purchase healthy items.
3. Using marketing techniques to promote healthy foods, including labeling food with a consistent icon to identify foods that meet the Healthy Food Guidelines, making nutrition information available at the point of selection, and positioning healthy options to be more prominent and accessible.
4. Using benefit design and/or wellness incentives to encourage behavior change.
5. Implementing education campaigns to promote the healthy food environment to staff and visitors.

The Healthy Hospital Initiative works with hospitals to promote healthy environments through a tobacco-free campus and healthy food environment policies. The project is in collaboration with the North Carolina Hospital Association and is funded by The Duke Endowment.

Supporting Americans' Efforts to Eat Well and Watch Their Weight

Margo Wootan, DSc, Director, Nutrition Policy, Center for Science in the Public Interest

Focusing on children is an ideal place to start when trying to change nutrition habits. Implementing school nutrition standards and creating school environments that support good nutrition are critical. Other strategies to improve nutrition in the population include strategies related to food marketing, food labeling, and countermarketing. Specific environments should be considered in efforts to improve nutrition including schools, preschools, child-oriented environments (zoos, clubs, etc), and worksites.

Key Points:

- Schools are places where children spend a significant amount of time and get a significant proportion of their daily caloric intake.
- The CSPI recommends the following dietary guidelines for school meals: increase fruits and vegetables, make half grains whole grains, limit sodium to 770 mg, serve low- or no-fat milk, limit added sugars and trans fats, and change calorie requirements. School meal nutrition standards are currently being updated by the USDA.
- The school nutrition environment is a major influence on children's nutrition. This includes the types of fundraisers that are held, using food as a reward, and junk food marketing.
- School meals need to be improved. To do this, technical assistance should be provided to food service staff, prices need to be competitive, meal reimbursement rates need to be increased, and the quality of school meals needs to be assessed. Schools need to increase interest in meals that are healthy and decrease interest in meals that are unhealthy.
- Foods sold outside of school meals need standards. This includes foods sold a la carte and in vending machines.
- There is a significant difference between the nutritional quality of meals eaten at home and meals eaten out. Restaurant entrees are typically higher in calories, sodium, saturated fat, and trans fats.
- Menu labeling policies exist in some states. This is either done through legislation or regulation. The American Heart Association, the American Cancer Society, the American Medical Association, and the public health community support menu labeling. The restaurant industry does not lobby against labeling; however, it tries to weaken efforts.
- Food industry companies spend \$10 billion a year marketing foods to kids. In comparison, the CDC had a little less than \$45 million in funding for nutrition and physical activity in 2008.

Opportunities / Specific Comments for North Carolina:

- North Carolina should improve the nutritional quality of school foods sold outside of meals. In CSPI's 2007 School Foods Report Card, North Carolina received a D+ in this area.
- Comprehensive nutrition standards can be implemented without losing revenue. This is the experience of most other states.
- North Carolina should not rely just on CDC money; this money will never be enough.
- Soft drink taxes represent a potential revenue stream.

Discussion of Potential Recommendations

Food Labeling / Marketing

- The North Carolina General Assembly should enact food labeling laws to require chain restaurants to include prominently displayed nutrition and calorie information for consumers. (Note: Effort should be led by the North Carolina Division of Public Health)
- The North Carolina General Assembly should enact a law to remove junk food ads and marketing in schools.

Research & Dissemination

- North Carolina Foundations should fund community-based and clinical interventions and evaluations aimed at improving nutrition and obesity prevention.
 - If successful, the North Carolina General Assembly should provide funding to the North Carolina Division of Public Health to help disseminate successful strategies to other parts of the state.
- Annually convene groups working on various nutrition/obesity prevention programs to share best practices.
- North Carolina foundations should provide \$XX to fund [XX/YY] to develop database/web portal to describe evidence-based and promising programs and policies within the state that address improving nutrition, increasing physical activity, and preventing obesity.*
 - \$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.
 - \$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.

School Nutrition Standards

Given the discussion during the meeting, Dr. Devlin noted that there was a need for more information before final recommendations regarding school nutrition standards could be established. She suggested a subcommittee be convened to discuss this issue and refine the recommendations.

Access to Healthy Foods

- Encourage workplaces to offer farmers markets at the workplace and in the faith community (Note: Focus on serving low-income individuals and neighborhoods)
 - Encourage healthy community approaches to improving the availability of locally grown fruits and vegetables(Note: The lead for this recommendation needs to be determined.)

** This may be a cross-cutting recommendation that crosses all prevention activities.*

Potential opportunity: Adopt \$0.01 tax on soft drink products to provide a revenue stream to assist schools in improving school nutrition offerings