



TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION

Friday, March 16, 2012

North Carolina Institute of Medicine, Morrisville

10:00 am – 3:00 pm

Meeting Summary

Attendees

Members: Nell Barnes, Ron Bradford, Kevin Cain, Deborah Cassidy, Nancy Creamer, Alex Daniels, Carolyn Dunn, Stephanie Fanjul, Moses Goldmon, Greg Griggs, Emily Jackson, Brenda Jones, Terry Kinney, Jonathan Kotch, Sarah Langer, Alice Lenihan, Jim Morrison, Jenni Owen, Andrea Phillips, Rich Rairigh, Susan Riordan, Meka Sales, Willona Stallings, Dianne Ward, Michelle Wells

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Pat Hansen, Jennifer MacDougall, Emily McClure, Pam Silberman, Anne Williams

Other Interested people: Amy Hall, Emily Bell, Freda Butner, Arnette Cowan

WELCOME AND INTRODUCTIONS

Stephanie Fanjul

President & CEO

Smart Start

North Carolina Partnership for Children, Inc.

Jennifer MacDougall

Health Active Communities Senior Program Officer

Blue Cross and Blue Shield of North Carolina Foundation

Ms. Fanjul and Ms. MacDougall welcomed everyone to the meeting and asked people to introduce themselves.

FOLLOW-UP DISCUSSION ABOUT CHILDCARE BARRIERS & IMPLEMENTATION STRATEGIES

Pam Silberman, JD, DrPH

President & CEO

North Carolina Institute of Medicine

Kimberly Alexander-Bratcher, MPH

Project Director

North Carolina Institute of Medicine

Dr. Silberman and Ms. Alexander-Bratcher presented the task force with June 2011 data on enrollment in child care facilities by county by star ratings. Rural counties have the highest percentage of children enrolled in one and two star child care centers, while urban

counties have the highest number of children enrolled in one and two star child care centers.

Selected questions and comments:

- Q: Does this include child care homes and centers?
 - A: Yes. Data reports on programs which includes centers and homes. The data does not reflect provisionally licensed programs.
- Q: Does this only include preschool age children or does it include school age children in after school programs?
 - A: This data is for children ages 0-5.

Dr. Silberman and Ms. Alexander-Bratcher presented the Community Work Plan to the task force. The Community Work Plan outlines potential strategies based on the task force discussions on how to train more providers/centers to engage in physical activity, improve nutrition, create better environments, and support breastfeeding. Dr. Silberman and Ms. Alexander-Bratcher facilitated a discussion of the strategies. For each strategy the task force will consider who should take the lead, what other groups should be involved, how much funding will be required, what resources are needed, and what performance measures should be included.

Selected discussion:

- Child Care Facilities Incentives
 - While this is a policy recommendation, childcare centers have policies that they develop with the aid of childcare consultants. Centers could be required to have policies regarding certain things.
 - Incentives could be built into the star rating system.
 - It is important to keep in mind the possible contradictions between different incentives or policies. Make the incentives something people will appreciate, and recognize, and want to aspire to achieve.
 - Some task force members suggested that different approaches are needed for different counties.
- Curricula Enhancement
 - Articulate whether we are referring to the curricula for children or curricula for providers.
 - Some task force members expressed a preference for a standard course of study over a curriculum with more prescriptive lesson plans.
- Child Care Provider Education
 - Task force members emphasized the importance of an integrated curriculum that embeds health and obesity prevention education into pre-service training in the community colleges. Integrating the information on health and nutrition with other issues such as behavioral health, and class environment planning helps students and providers better connect health and nutrition to their daily activities.
 - Community colleges want students to be prepared to transfer to four year programs, so they align their curricula with the BK (Birth to Kindergarten)

license standards. The curricula can be impacted by changing the required competencies for accreditation of BK educations.

- Some task force members noted that community college and early childhood education instructors need meaningful health experiences and information themselves in order to be able to effectively teach future providers. Instructors should meet continuing education / professional development requirements.
- Childcare centers could take advantage of the increasing requirements for hands on service components in college programs.
- Cross Training for Technical Assistance Staff and Consultants
 - The directors and owners of childcare centers should not be left out when it comes to the types of training and assistance that is offered. However, they may need to see a significant financial impact in order to participate.
 - Include more information on environmental health in trainings. There seem to be questions and misinformation around regulations for family style meals, breast milk storage, etc..
 - Technical assistance staff need better training on coaching methods and how to best deliver messages for early child care directors and owners.
- Child Care Staff Wellness Pilot Project
 - The task force will potentially recommend that monies be designated to evaluate a pilot project and determine whether the model will work in child care centers. The evaluation should look at the impact on providers as well as the effect on the kids receiving care.

NCIOM will revise the Community Work Plan based on the discussion. The workgroup will have additional opportunities to make revisions in the future.

CHILD AND ADULT CARE FOOD PROGRAM

Alice Lenihan, RD, MPH

Director

Child and Adult Care Food Program

North Carolina Division of Public Health

Ms. Lenihan gave the task force an overview of the Child and Adult Care Food Program (CACFP). The program provides reimbursement for meals and snacks to children ages 12 and under in child care centers and homes who are under 185% FPL. The CACFP nutrition requirements for meal and snack reimbursement are food- not nutrient-based. Furthermore, food choices are based on IOM recommendations for children 0-11 months and children ages 1 year and older. The recommendations are expected to increase overall childcare center meal costs. Ms. Lenihan also highlighted a CACFP program called Healthy Futures Starting in the Kitchen, which brings together childcare center cooks to learn about nutrition, healthy foods, cooking and buying habits in a fun setting.

A copy of Ms. Lenihan's presentation is available here: [Child and Adult Care Food Program](#).

Selected questions and comments:

- Q: How many of the centers and homes that CACFP works with have central kitchens?

- A: Very few.
- Q: Are there resources available for centers that have only been heating meals, and would like to move towards preparing the food?
 - A: That is a great idea. Similar suggestions have been heard in listening sessions. CACFP has come up with model kitchen designs and equipment, but hasn't seen funding available for kitchen infrastructure.

COMMUNITY FOOD SYSTEMS

Nancy Creamer, PhD

Director, North Carolina State Center for Environmental Farming Systems

Distinguished Professor of Sustainable Agriculture and Community Based Food Systems

North Carolina State University

Dr. Creamer summarized community-based local food systems. She argued that people in a broad range of disciplines are coming to local food systems as part of their solution. In 2008, North Carolina launched a statewide farm to fork initiative to build the local food economy. Dr. Creamer emphasized that North Carolina has great potential and capacity for a broad diversity of products and encouraged task force members to increase access to fresh healthy foods. Price is a primary barrier to access for local food systems. In addition to price, barriers to local food systems include farmer capacity and the need for new farmers, and the current distribution model and infrastructure, and which does not work for small scale farms.

A copy of Dr. Creamer presentation is available here: [Cultivating Thriving Communities & Sustainable Farms](#).

FARM TO PRESCHOOL

Emily Jackson

Program Director

Appalachian Sustainable Agriculture Project

Southeast Regional Lead for the National Farm to School Network

Ms. Jackson described ASAP's (Appalachian Sustainable Agriculture Project) Farm to School and Farm to Preschool programs to the task force. ASAP believes that localizing food systems strengthens local economies, boosts farm profitability, increases sustainable production practices, and improves individual and public health. In order to achieve this end, ASAP works towards driving demand, building capacity, and making connections. The Farm to School program incorporates farm field trips, farm-based nutrition education, school gardens, and serving locally grown food. ASAP works with teachers to help them adopt local food into their lesson plans and teach about local and healthy foods effectively. The program tries to reach children in different contexts—on fieldtrips, in the cafeteria, in the classroom, and at home.

A copy of Ms. Jackson's presentation is available here: [Farm to Preschool](#).

DISCUSSION OF BARRIERS AND IMPLEMENTATION STRATEGIES:

- How can we encourage development of centralized kitchens that can serve several childcare centers?
 - Large startup costs are a barrier to building new centralized kitchens.

- Existing kitchens can be made multipurpose to serve multiple local partners such as childcare centers, hospitals, schools, and churches.
- Small grants could help pay for kitchen infrastructure such as commercial equipment in return for serving healthy foods.
 - These small grants would address essential barriers such as: electric upgrades and space requirements to accommodate commercial refrigerator and freezer. These barriers are expensive and can be more than expected.
- Several counties or groups can work with wholesale providers and distributors to increase the availability of healthy and local produce.
- Mini grants for farm-to-childcare initiatives and equipment could incorporate gardens, training on healthy cooking and cooking with children, parental involvement, CSA participation, and farm field trips.
- Encourage a diverse regional coalition with groups at the state and local levels such as childcare providers, schools, farmers, and local governments among others to support healthy and local foods. Collaborators recognize the convergence of economic, community, and food system development.
- The policy group should look at the gaps in the available data.