



**TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION  
COMMUNITY TOPICS—ACTIVE PLAY & NUTRITION  
Friday, April 20, 2012  
North Carolina Institute of Medicine, Morrisville  
10:00am – 3:00pm  
Meeting Summary**

**Attendees**

*Members:* Abena Asante, Alice Ammerman, Tamara Barnes, Ron Bradford, Kevin Cain, Deborah Cassidy, Nancy Creamer, Stephanie Fanjul, Gibbie Harris, Brenda Jones, Jonathan Kotch, Miriam Labbok, Sarah Langer, Robin Moore, Jenni Owen, Andrea Phillips, Rich Rairigh, James Rhodes, Meka Sales, Florence Siman, Janet Singerman, Willona Stallings, Dianne Ward, Michelle Wells

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

*Other Interested people:* Nilda Cosco, Arnette Cowan, Kevin Hardison, Allison DeMarco, Tamlyn Shields, Susan Zeisel

**WELCOME AND INTRODUCTIONS**

*Stephanie Fanjul, President & CEO, Smart Start, North Carolina Partnership for Children, Inc.*

*Jennifer MacDougall, Healthy Active Communities Senior Program Officer, Blue Cross Blue Shield of North Carolina*

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

**BE ACTIVE KIDS: A PHYSICAL ACTIVITY PROGRAM FOR NORTH CAROLINA CHILD CARE PROGRAMS**

*Allison De Marco, MSW, PhD, Investigator, Frank Porter Graham Child Development Institute, The University of North Carolina at Chapel Hill*

*Susan Zeisel, EdD, Investigator, Frank Porter Graham Development Institute, The University of North Carolina at Chapel Hill*

Drs. DeMarco and Zeisel gave the task force an overview of the FPG Child Development Institute's Be Active Kids project, developing a physical activity program separate from the nutrition efforts. The project recruited Shape NC childcare centers in Pittsboro, Chapel Hill and Greensboro to observe using provided materials in planned activities after a teacher training. The project is in the evaluation stage and will undergo another round of modifications before being finalized.

A copy of Drs. De Marco and Zeisel's presentation is available here: [Be Active Kids](#).

*Selected questions and comments:*

- Q: Are you envisioning a “train the trainers” model for the physical activity program? A: Yes.
- Q: Is offering the materials enough incentive to get the teachers and aids to attend training? A: Teachers with Shape NC and Smart Start have been excited to participate in offered continuing education.
- Q: Is the emphasis on indoor or outdoor physical activity? A: The program tries to balance indoor and outdoor activity. Teacher training takes place inside in the evening, but clearly advocates trying the activities with kids inside and outside depending on the types of spaces a teacher has available.
- Q: How can we use the resources we have in Masters prepared physical education specialists and adaptive physical education teachers? They should be involved as a resource in the community.

**ACTIVE PLAY**

*Michelle Wells, MPA, CPRP, Program Director, North Carolina Recreation and Park Association*

Ms. Wells gave the task force a snap shot of what is available to young children around the state in local parks and recreation programs. Parks and Recreation in North Carolina are non-mandated, city-funded services that include a number of types of parks and facilities including neighborhood and municipal parks, gyms and recreation/community centers, picnic shelters, sports fields, and swimming pools. Ms. Wells highlighted programs for young children offered in different communities such as sports developmental skill programs, kindergarten preparation, nature and craft activities, and dance and physical activity.

A copy of Ms. Well's presentation is available here: [Parks & Recreation in NC](#).

*Selected questions and comments:*

- Q: How many of the programs are offered during the work week? A: The majority are offered in the morning or early afternoon, but some may be happening on the weekends. The afternoon and evening programs are typically for school age kids and adults.
- Q: How do parents find out about the programs? A: Each local government maintains their own website.
- C: The week of the young child may be a good opportunity to connect local parks and recreation programs.

**ACTIVE PLAY BARRIERS & STRATEGY DISCUSSION**

*Selected discussion:*

- Do we have developmental science on optimum levels of activity for young children?
  - There are limitations on our ability to measure this. Children move in short, sporadic bursts which differs from adult exercise research looking at the vigor level. The focus for young children is on non-sedentary time.

- The task force should be careful not to tie physical activity to sports specific skills alone. Young children should be engaged in activity for the love of movement without the strict structure of a sport.
- We have a stronger strategy for childcare centers than non-childcare settings. How do we reach young children not in childcare?
  - Look to where kids are—their homes and neighborhoods. Help authorities realize the potential of communal space in public housing communities.
  - Consider developing partnerships between Parks & Recreation departments, YMCAs, Boys Club, and other organizations and public housing.
  - Focus on city councils which make the planning regulations/requirements.
- Consider Community Transformation Grants. Community health assessments are required of public health departments.
- Consider joint use agreements to gain access to school facilities after hours.
- It is important to think about what works differently in rural and urban settings.
- Find hubs of people to educate or offer professional development on the early-childhood piece to get the information and focus out such as neighborhood development or community action coalitions, home visiting programs, SHAPE NC community action plan teams.
- Keep in mind the potential differences in developmentally appropriate play between ages 0-2 and ages 3-5.

#### **BREASTFEEDING SUPPORT IN THE COMMUNITY**

*Miriam Labbok, MD, MPH, IBCLC, Director, Carolina Global Breastfeeding Institute, Professor of the Practice, Department of Maternal and Child Health, UNC Chapel Hill*

Dr. Labbok outlined why the task force members should be fully including breastfeeding in their considerations. She summarized the primary benefits of breastfeeding to the mother and the child as well as the main reasons women fail to realize breastfeeding intentions. Vulnerable groups of moms need extra support or targeted counseling around breastfeeding. Dr. Labbok outlined some of the initiatives in North Carolina including the Perinatal Quality Collaborative of North Carolina (PQCNC) effort to increase exclusively breastfeeding in hospitals, WIC and YWCA support of breastfeeding, and breastfeeding friendly childcare and workplace designations.

A copy of Dr. Labbok’s presentation is available here: [Breastfeeding and Obesity](#).

#### **DISCUSSION OF COMMUNITY WORKPLAN**

The task force reviewed and commented on the community workplan, which it will continue to discuss in subsequent meetings as the planning group adds new recommendations based on task force discussion. The focus of the workplan is overcoming barriers to implementing existing state and national early childhood obesity prevention recommendations in North Carolina.

*Selected questions and comments:*

- Add a place for each recommendation to note related existing initiatives.

- In a previous discussion, the idea of reaching the tipping point before pursuing policy changes was raised. What are the indicators that we are approaching that point? How can that concept be operationalized?