



TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION

Friday, June 15, 2012

North Carolina Institute of Medicine, Morrisville

10am-3pm

Meeting Summary

Attendees

Members: Kathy Higgins (co-chair), Olson Huff (co-chair), Abena Asante, Nell Barnes, Kevin Cain, Stephanie Fanjul, David Gardner, Greg Griggs, Gibbie Harris, Brenda Jones, Jonathan Kotch, Miriam Labbok, Sarah Langer, Alice Lenihan, Mary Etta Moorachian, Robin Moore, Jim Morrison, Seath Noar,

Steering Committee and NCIOM Staff: Krutika Amin, Libby Betts, Jennifer MacDougall, Pam Silberman, Anne Williams, Berkeley Yorkery

Other Interested people: Cheri Coleman, Laura Louison, Cheryl Lowe, Jan Williams

WELCOME AND INTRODUCTIONS

Kathy Higgins

President

Blue Cross and Blue Shield of North Carolina Foundation

Olson Huff, MD

Chairman, Board of Directors

North Carolina Partnership for Children, Inc.

Ms. Higgins and Dr. Huff welcomed the Task Force and asked everyone to introduce themselves and share a memory of a picnic.

MASS COMMUNICATION AND SOCIAL MARKETING

Seth M. Noar, Ph.D.

Associate Professor

School of Journalism and Mass Communication

UNC Chapel Hill

Dr. Noar gave the Task Force an overview of health communication campaigns and social marketing to promote healthy behaviors. He briefly summarized the history of health campaigns and their outcomes for behavior change and gave some examples of recent or current health communication campaigns and social marketing efforts such as abovetheinfluence and verb. Dr. Noar also outlined the four p's of social marketing and walked the Task Force through the principles of campaign design. The four p's of social marketing are (1) product, (2) price, (3) place, and (4) promotion. In addition to the campaign design principles below, Dr. Noar reviewed the levels of implementation strategies—policy, media, community, school, family, and

individual—before the task force discussed strategies and mechanisms used in obesity- and tobacco-related campaigns.

Campaign Design Principles:

- (1) Formative Research
- (2) Use of Theory
- (3) Audience Segmentation—dividing the audience into meaningful subgroups in order to make more effectively target messages and delivery channels
- (4) Message Design—target content and presentation of messages to specific audience segments
- (5) Channels and Message Placement—strategically select channels (i.e. tv, internet, print) and position messages
- (6) Process evaluation and ensure high message exposure—high exposure refers to both reach and frequency
- (7) Outcome evaluation—most campaigns are not well evaluated

A copy of Dr. Noar’s presentation is available here: [Health Communication Campaigns to Promote Healthy Behaviors: A Primer](#).

Selected questions and comments:

- Q: What are the spillover effects you see from targeting audience segments? A: People outside the targeted audience will be exposed to the message, but Dr. Noar was not aware of research on the spill-over effects on other audience segments.
- C: In designing the message, a big consideration is whether it is framed at the individual or industry level.
- Q: Can campaigns effect behavior change? A: Yes, but among small population segments. A typical campaign affects about 8% of the population and the effects can be short-lived after the campaign stops.
- C: The available research is primarily for tv, print, and interpersonal campaigns—it is too soon to measure what can be done with new media forms.
- Q: What types of campaign mechanisms work the best, i.e. an athlete spokesperson, or catchy song? A: It may vary by behavior area, and it certainly depends on the audience. It is important to consider the source credibility for the targeted audience.
- C: The policy environment and campaign timing is very important in addition to campaign design.

HOME VISITING PROGRAMS: CARE COORDINATION 4 CHILDREN

Cheryl Lowe, RN, BSN

Care Coordination 4 Children Program Manager

Children and Youth Branch

Women’s and Children’s Health Section

Division of Public Health

Ms. Lowe was unable to attend the Task Force meeting so Dr. Silberman and Dr. Huff gave the Task Force a brief overview of CC4C, which partners with state and local partners such as DMAH, DPH, CCNC, and LHDs to coordinate the care of high needs children and connect their families with the best available resources. The Task Force discussed potential of care

coordination and home visiting programs already in place to be a vehicle for obesity prevention messaging to parents.

A copy of Ms. Lowe's presentation is available here: [CC4C Overview](#).

HOME VISITING PROGRAMS: DIVISION OF PUBLIC HEALTH

Laura Louison, MSW, MSPH

Director

NC Maternal, Infant, and Early Childhood Home Visiting Program

Children & Youth Branch

Women's and Children's Health Section

North Carolina Division of Public Health

Ms. Louison gave the Task Force an overview of the North Carolina Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). MIECHV is a home visiting initiative that provides support services to new and young parents to help them feel comfortable and competent with a number of positive outcomes including child and maternal health. MIECHV currently supports four Nurse-Family Partnership (NFP) visitation program sites and three Healthy Families America (HFA) visitation program sites. Ms. Louison summarized the continuum of care offered by home visiting and noted where early childhood obesity prevention messages may fit in. Though home visitors are typically generalists, and do a lot of work facilitating connections, one site has had success cultivating a team of individual subject matter experts. Ms. Louison suggested that home visiting is often a good opportunity to encourage parents to enjoy active play with their children.

A copy of Ms. Louison's presentation is available here: [North Carolina & Home Visiting](#).

HOME VISITING PROGRAMS: HEALTHY FAMILIES DURHAM

Jan Williams

Program Director

Healthy Families Durham

Center for Child and Family Health

Cheri Coleman

Family Support Worker

Healthy Families Durham

Center for Child and Family Health

Ms. Williams and Ms. Coleman presented to the task force an overview of the Healthy Families Durham (HFD) home visiting program. The program is undergoing some recent changes including adding Parents as Teachers to the core curriculum which is offered in both English and Spanish, and screening and creating protocols for substance abuse, domestic violence, mental health, and suicidality. The program focuses on first time parents who enter the program during pregnancy or within the first 3 months after birth and places a strong emphasis on connecting families to a medical home.

Ms. Coleman and Ms. Williams highlighted the physical activity and nutrition curriculum used by the Healthy Families Durham family support workers (FSWs) in the field which focuses on developmental centered parenting. FSWs use a variety of tools and techniques, such as

discussion, worksheets, reference handouts, and community resources (e.g. WIC, breastfeeding support services) to offer support and guidance regarding the child's nutrition. Though FSWs are generalists, HFD has built a great relationship with the Durham Health Department. HFD has also partnered with the Interfaith Food Shuttle to deliver produce to the homes of the families they support.

A copy of Ms. Williams' and Ms. Coleman's presentation is available here: [Healthy Families Durham](#).

Selected questions and comments:

- Q: How do you make it easy for parents to make the healthy choice for their child/children even they are not making it for themselves? A: FSWs have found that parents respond to framing the importance of nutrition in terms of child brain development. Additionally, when FSWs bring new foods or recommend foods for children that parents may not be familiar with, they provide tips and ideas about how to fix and serve the food item. FSWs also try to promote healthy choices by the parents by discussing the impact parent health can have on their child.
- Q: Durham has a number of programs including HFD, Early Head Start, and Durham Connects. How does Durham determine which families go into which programs? A: Durham Connects offers one post-partum visit and is the source of most HFD referrals. And while HFD targets first time parents, Early Head Start can target families with more than one child.

BARRIERS & STRATEGY DISCUSSION

The Task Force discussed community work plan. The recommendation will be prioritized at the next meeting. Members discussed strategies and principles by which the recommendations might be organized and prioritized including:

- The number of children reached
- The number/intensity of interactions
- Highest risk for obesity
- Consistent messages in selected areas of messages (breastfeeding, eating greens, activity, screentime, etc.)
- Feasibility of successes that can lead to the tipping point
- Scalability
- Duration of impact
- Cost
- Age of children reached

The next task force meeting is Friday, July 20, 2012 from 10:00am-3:00pm.