



TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION
Friday, November 16, 2012
North Carolina Institute of Medicine, Morrisville
10am-3pm
Meeting Summary

Attendees

Members: Monique Bethell, Deborah Cassidy, Stephanie Fanjul, David Gardner, Greg Griggs, Gibbie Harris, Olson Huff, Brenda Jones, Jonathan Kotch, Alice Lenihan, Beth Lovette, Chuck McGrady, Jenni Owen, Andrea Phillips, Robert Schwartz, Janet Singerman, Willona Stallings

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Jennifer MacDougall, Pam Silberman, Anne Williams, Adam Zolotor

WELCOME AND INTRODUCTIONS

Olson Huff, MD

*Project Director and Research Associate
North Carolina Institute of Medicine*

Adam J. Zolotor, MD, DrPH

Vice President

North Carolina Institute of Medicine

Dr. Huff welcomed everyone to the meeting and Dr. Zolotor welcomed the policy group and guests to the NCIOM.

OVERVIEW OF THE NCIOM PROCESS

Kimberly Alexander-Bratcher, MPH

*Project Director and Research Associate
North Carolina Institute of Medicine*

Ms. Alexander-Bratcher reviewed the charge to the task force to overcome barriers to implementing existing state and national recommendations to reduce early childhood obesity in North Carolina. She also gave an overview of the organization of the task force, the NCIOM task force process, and the primary agendas of the previous subgroups (clinical, and community & environment).

Ms. Alexander-Bratcher's presentation as available here: [Overview of the NCIOM Process](#).

THE PROBLEM OF EARLY CHILDHOOD OBESITY

*Robert P. Schwartz, MD
Professor Emeritus of Pediatrics
Wake Forest School of Medicine*

Dr. Schwartz gave the task force an overview of the problem of early childhood obesity in North Carolina. North Carolina data for obesity trends mirrors that of the nation. Using maps, Dr. Schwartz showed the obesity and diabetes trends among U.S. adults and emphasized the importance of recognizing the health implications of obesity. Complications of obesity include cardiovascular, metabolic, pulmonary, skeletal, liver, kidney, reproductive, and psychological complications. Dr. Schwartz also gave an overview of identified risk factors for obesity in early childhood including parental BMI, children's hours of sleep, level of parental concern regarding child's weight, early adiposity rebound, and screen time.

Dr. Schwartz highlighted the impact of societal factors increasing obesity in an obesogenic environment such as the increased number of meals away from home, larger portion size, increased consumption of calorie dense fast foods and snacks, sugary drinks, decreased physical activity, and increased screen time. It will be important for families to take a whole family approach to improving healthy eating and physical activity habits to fight obesity.

Dr. Schwartz's presentation as available here: [Early Childhood Obesity: Concerns, Challenges, and Recommendations](#).

Selected Questions and Comments:

- Q: To what extent do we see emotional and stress eating in children? A: Children learn their relationship to food very young depending on adult's use of food as a reward or to comfort.
- Q: What impact are diet drinks having on the obesity problem? A: We are still learning more about diet drinks but they are not the solution.

NATIONAL AND STATE RECOMMENDATIONS

*Adam J. Zolotor, MD, DrPH
Vice President
North Carolina Institute of Medicine*

Dr. Zolotor summarized for the task force the existing policy recommendations for early childhood obesity prevention from the Institute of Medicine of the National Academies, the North Carolina Division of Public Health, the North Carolina Health & Wellness Trust Fund, the North Carolina Institute of Medicine, and the White House Task Force on Childhood Obesity Report to the President. The existing recommendations included policies regarding breastfeeding, prenatal care, sleep, healthy eating and nutrition, screen time, physical activity, and child care in addition to general policies.

Dr. Zolotor's presentation as available here: [National and State Recommendations](#). A summary of the existing early childhood obesity prevention recommendations including

clinical, community and environment, and policy recommendations is available here: [Summary of Existing Recommendations](#).

REVIEW OF TASK FORCE CLINICAL AND COMMUNITY STRATEGIES

*Pam Silberman, JD, DrPH
President and CEO
North Carolina Institute of Medicine*

Dr. Silberman reviewed the strategies the clinical and community and environment workgroups recommended in order to reduce barriers to implementing the existing national and state recommendations. Dr. Silberman also presented potential public policy recommendations that came up in previous discussions and were tabled for discussion by the policy workgroup.

Dr. Silberman's presentation as available here: [Review of Task Force Strategies](#).

POLICY INTERVENTION POINTS

*Jenni Owen, MPA
Director of Policy Initiatives
Associate Director for Policy and Translation
Center for Child and Family Policy
Duke University*

Ms. Owen gave the task force an overview of the current context and important considerations for discussion of potential policy strategies to implement the recommendations regarding early childhood obesity prevention. The current context includes both the results of the recent election and the culture of food including the way food permeates discussion in a problematic way (e.g. the hamburger and cake rubrics used in the classroom). Ms. Owen used some of the clinical and community and environment strategies to exemplify key policy questions that should be considered such as what is the direct action, who are the potential key and supporting actors, and what are the related possible entry points? In addition, Ms. Owen encouraged the task force to consider what the low-hanging fruit are, what would yield success in the short-term/long-term, and how the task force can emphasize the economic impact.

Ms. Owen's presentation as available here: [Policy Considerations and Options](#).

TASK FORCE DISCUSSION

The task force discussed a number of potential policy issues for further exploration, including some of the following topics:

- Breastfeeding—policies around returning to work, milk storage, coaching, locations to pump.
- Joint-use agreements
- Playground equipment

- Work with DOT/Local planning departments around sidewalks and walkable communities
- Public sector opportunities for organized activity
- Funding for research to gather adequate data to support screening below the age of 6
- Licensure and other policies affecting clinical practice
- Farm to table
- Community gardens
- Where there might be room for positive corporate involvement among the potential actors (e.g. grocery stores)?

The next task force meeting is Friday, January 11, 2013.