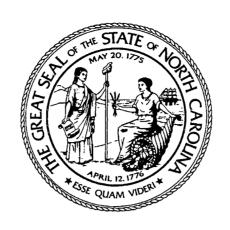
# 2004

# LEGISLATIVE STUDY COMMISSION ON CHILDREN & YOUTH

**MINUTES** 



# Legislative Study Commission on Children and Youth

Senator Ellie Kinnaird, Co-chair Representative Carolyn Justice, Co-chair Representative Larry Womble, Co-chair

2003-2004

# **Staff**

Wendy Graf Ray, Counsel – Research Div. Brenda Carter, Counsel – Research Div. Lisa Wilks, Counsel – Bill Drafting \*

Committee Assistant
Vivian Sherrell

# North Carolina General Assembly Legislative Study Commission on Children and Youth

**UnExpired Positions Only** 

G.S. 120-215

Pro Te.	m's	AD	pointi	ments
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Sen. Eleanor Kinnaird NC General Assembly Legislative Building, Room 2115 Raleigh, NC 27601-2808 (919) 733-5804

Co-Chair

Speaker's Appointments

Rep. Carolyn Hewitt Justice North Carolina General Assembly Legislative Office Building, Rm 418B Raleigh, NC 27603-5925

Co-Chair

Sen. Stan Bingham NC General Assembly Legislative Building, Rm 2117

Raleigh, NC 27601-2808 (919) 733-5665

Member

Rep. Larry Wayne Womble NC General Assembly

Legislative Office Building Room 537

Raleigh, NC 27601 (919) 733-5777

Co-Chair

Sen. Charlie Smith Dannelly NC General Assembly

Legislative Building, Room 2010 Raleigh, NC 27601-2808

(919) 733-5955

Member

Rep. Mary E. McAllister NC General Assembly

Legislative Office Building, Room 638

Raleigh, NC 27601 (919) 733-5959

Member

Sen. Jeanne Hopkins Lucas NC General Assembly Legislative Office Building, Rm 300-G Raleigh, NC 27601-2802

(919) 733-4599

Member

Rep. Jennifer Weiss NC General Assembly

Legislative Building, Room 2221

Raleigh, NC 27601 (919) 733-5871

Member

Sen. Scott E. Thomas NC General Assembly Legislative Office Building, Rm 300-E

Raleigh, NC 27601-2808 (919) 733-6275

Member Ms. Dorothy Cilenti

**Chatham County Health Director** 

80 East Street Pittsboro, NC 27312 Public Member

Dr. Margaret Bourdeaux ARBUC UNC Greensborg

Greensboro, NC 27402

Dr. Henry C. Hawthorne Jr. 5932 Greenville Loop Road Wilmington, NC 28409

Public Member

Hon. Alexander Lyerly

PO Box 127

Banner Elk, NC 28604

Public Member

# Legislative Study Commission on Children and Youth

**UnExpired Positions Only** 

Mr. John Combs 326 North Spring Street Winston-Salem, NC 27101 Public Member

Mr. Lee Settle 95 Thunderbird Lane Pinehurst, NC 28374-9636 Public Member

SGM Johnny Ray Farmer 142 Ray Farmer Road Aulander, NC 27805 Public Member

Ms. Reta Shiver

Pender County Dept. of Social Services

80 S. Walker Street Burgaw, NC 28425 Public Member

Mr. Joseph Jay Gaca 1025 Trellinger Road Graham, NC 27253 Public Member

Mr. Ron Morton 725 Highland Avenue Winston-Salem, NC 27101 Public Member

Hon. Kenneth C. Titus Durham County Judicial Bldg. 6th Floor Durham, NC 27701 Public Member

#### Ex Officio Members

Ms. Carmen Hooker-Odom Secretary of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699 (919) 733-4534

Ex Officio

Hon. Gwynn T. Swinson Secretary of Administration 1301 Mail Service Center Raleigh, NC 27699 (919) 733-7232 Ex Officio

Dr. Michael E. Ward Superintendent of Public Instruction 301 N. Wilmington Street Raleigh, NC 27611 (919) 807-3300 Ex Officio

#### Staff to Committee

Wendy Graf, Counsel - Research Division Brenda Carter, Counsel - Research Division Lisa Wilks, Counsel - Bill Drafting (919) 733-2578

#### Contact

Vivian Sherrell, Committee Assistant (919) 715-9664 justicela@ncleg.net

# Legislative Study Commission on Children and Youth

**UnExpired Positions Only** 

Staff to Committee

Wendy Graf, Research Division Brenda Carter, Research Division Lisa Wilks, Bill Drafting (919) 733-2578 Contact

Vivian Sherrell

(919) 715-9664 justicela@ncleg.net

# **ATTENDANCE**

# Legislative Study Commission on Children and Youth

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Representative Mary McAllister	A	A	1						ļ	 <u> </u>	 	ļ
Senator Jeanne Lucas	A	Br	A				<u> </u>		<u> </u>			
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Dr. Margaret Bourdeaux Arbuckle	<u> </u>	<b>√</b>	V	V					ļ	<u> </u>		
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# **ATTENDANCE**

# Legislative Study Commission on Children and Youth

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E-Mail address TLEE SETTLE LEESET CPINEINNY. NET /Reta Shiver deneechee@hotmail. com Juanita Morrison rep. Dr. Mike Ward Kour Ryanancumil. not / Kovin Kyan, MCDHHS MKinley Woosen, NC DOA Johnnie Ray Farmer Quitin Common Mckinley. Wootene remail. net sgmfarmer (or earth link, ne A CONNORS CC FSA-NC, 079 John Combs JCOMBS @ Sanders Combr. Com Dorothy, cilentiancmail.net Dorothy Cilenti STAN BINGHAM STANBENC. LÉGINET Magaret articles margbuck @ bellsouth. net mborbuck @ weg.edu Judge Alexander Lyerly Bejustablo ao 1. com Dr. Henry Hawthorne P. HHawthorne Comec. rr

# North Carolina General Statutes Chapter 120, Article 24.

The Legislative Study Commission on Children and Youth.

#### § 120-215. Commission created; purpose.

There is created the Legislative Study Commission on Children and Youth. The purpose of the Commission is to study and evaluate the system of delivery of services to children and youth and to make recommendations to improve service delivery to meet present and future needs of the children and youth of this State. This study shall be a continuing one and the evaluation ongoing. (1997-390, s. 11.)

#### § 120-216. Commission duties.

The Commission shall have the following duties:

- (1) Study the needs of children and youth. This study shall include, but is not limited to:
  - a. Determining the adequacy and appropriateness of services:
    - 1. To children and youth receiving child welfare services;
    - 2. To children and youth in the juvenile court system; and
    - 3. Provided by the Division of Social Services and the Department of Juvenile Justice and Delinquency Prevention.
  - b. Developing methods for identifying and providing services to children and youth not receiving but in need of child welfare services, children and youth at risk of entering the juvenile court system, and children and youth exposed to domestic violence situations.
  - c. Developing strategies for addressing the issues of school dropout, teen suicide, and adolescent pregnancy.
  - d. Identifying and evaluating the impact on children and youth of other economic and environmental issues.
  - e. Identifying obstacles to ensuring that children who are in secure or nonsecure custody are placed in safe and permanent homes within a reasonable period of time and recommending strategies for overcoming those obstacles. The Commission shall consider what, if anything, can be done to expedite the adjudication and appeal of abuse and neglect charges against parents so that decisions may be made about the safe and permanent placement of their children as quickly as possible.
- (2) Evaluate problems associated with juveniles who are beyond the disciplinary control of their parents, including juveniles who are runaways, and develop solutions for addressing the problems of those juveniles.

G.S. 120-215 Page 1

- (3) Identify strategies for the development and funding of a comprehensive statewide database relating to children and youth to facilitate State agency planning for delivery of services to children and youth.
- Conduct any other studies, evaluations, or assessments necessary for the Commission to carry out its purpose. (1997-390, s. 11; 1997-443, s. 11A.118(b); 1999-423, s. 5; 2000-137, s. 4(u).)

## § 120-217. Commission membership; terms; compensation.

- (a) The Commission shall consist of 25 members, as follows:
  - (1) Eleven members appointed by the Speaker of the House of Representatives, among them:
    - a. Four shall be members of the House of Representatives at the time of their appointment,
    - b. One shall be the director of a local health department,
    - c. One shall be the director of a county department of social services,
    - d. One shall be a representative of the general public who has knowledge of issues relating to children and youth,
    - e. One shall be a licensed physician who is knowledgeable about the health needs of children and youth, and
    - f. One shall be a chief district court judge recommended by the Council of Chief District Judges.
    - g. One shall be a representative from the Covenant with North Carolina Children.
  - (2) Eleven members appointed by the President Pro Tempore of the Senate, as follows:
    - a. Four shall be members of the Senate at the time of their appointment,
    - b. One shall be the director of a mental health area authority,
    - c. One shall be a representative of the Association of County Commissioners,
    - d. One shall be a representative of the general public who has knowledge of issues relating to children and youth,
    - e. One shall be a licensed attorney whose practice includes the representation of parents accused of criminal or civil abuse or neglect, and
    - f. One shall be a chief district court judge recommended by the Council of Chief District Judges.
    - g. One shall be a representative from the North Carolina Child Advocacy Institute.
    - h. One shall be a representative from the North Carolina Child Fatality Task Force.

G.S. 120-215 Page 2

- (3) The following shall serve ex officio as nonvoting members of the Commission:
  - a. The Secretary of Health and Human Services, or the Secretary's designee,
  - b. The State Superintendent of Public Instruction, or the Superintendent's designee,
  - c. The Secretary of Administration, or the Secretary's designee, and
  - d. The Director of the Administrative Office of the Courts, or the Director's designee.
- (b) Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualification. Members' terms shall last for two years. Members may be reappointed for two consecutive terms and may be appointed again after having been off the Commission for two years.
- (c) Commission members shall receive no salary as a result of serving on the Commission but shall receive necessary subsistence and travel expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable. (1997-390, s. 11; 1997-443, s. 11A.122; 1997-483, s. 3.1.)

# § 120-218. Commission meetings; public hearings; staff.

- (a) The Commission shall hold its initial meeting at the call of the Speaker of the House of Representatives and the President Pro Tempore of the Senate. Subsequent meetings shall be held upon the call of the Commission cochairs. The Speaker of the House of Representatives and the President Pro Tempore of the Senate shall appoint a cochair each from the membership of the Commission.
- (b) The Commission may hold public hearings across the State to solicit public input with respect to issues relating to children and youth.
- (c) The Commission may contract for clerical or professional staff or for any other services it may require in the course of its ongoing study. At the request of the Commission, the Legislative Services Commission may supply members of the staff of the Legislative Services Office and clerical assistance to the Commission as the Legislative Services Commission considers appropriate. The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building. (1997-390, s. 11.)

# § 120-219. Commission reports.

The Commission shall report to the General Assembly and to the Governor the results of its study and recommendations. A written report shall be submitted to each biennial session of the General Assembly at its convening. (1997-390, s. 11.)

# § 120-220. Commission authority.

The Commission has the authority to obtain information and data from all State officers, agents, agencies, and departments, while in discharge of its duties, pursuant to G.S. 120-19, as if it were a committee of the General Assembly. (1997-390, s. 11.)

# §§ 120-221 through 120-224. Reserved for future codification purposes.



#### **MEMORANDUM**

TO:

Members, Legislative Study Commission on Children and Youth

FROM:

Senator Eleanor Kinnaird, Co-Chair

Representative Carolyn Justice, Co-Chair Representative Larry Womble, Co-Chair

**SUBJECT:** 

Meeting Notice

There will be a meeting of the Legislative Study Commission on Children and Youth:

DAY:

Thursday

DATE:

February 5, 2004

TIME:

10:00 a.m.

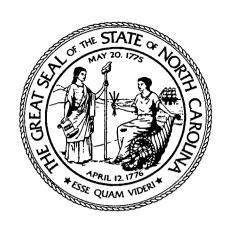
LOCATION:

Room 1124, Legislative Building

Parking for non-legislative members of the committee/commission is available in the visitor parking deck #75 located on Salisbury Street across from the Legislative Office Building. Parking is also available in the parking lot across Jones Street from the State Library/Archives (see attached map). The cost for visitor parking is \$.50 per hour or \$4.00 per day and may be reimbursed with a parking receipt submitted with your travel reimbursement form.

Please advise Vivian Sherrell, Committee Assistant, at 919-715-9664, or e-mail Justicela@ncleg.net if you will be unable to attend.

Posted Januar	: y 22, 2004	
cc:	Committee Record	
	Interested Parties	



# Legislative Study Commission on Children and Youth

# **February 5, 2004**

# **Meeting Agenda:**

Welcome and Announcements

**Introduction of Staff** 

**Introduction of Co-chairs** 

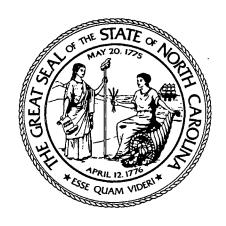
**Co-chairs Recommended Topics for the Commission:** 

- 1. Trafficking of Children
- 2. Children's Health
  - a. Weight
  - b. Exercise
  - c. Tobacco

Introduction of Members and their Suggestions for Topics

**Discussion** 

Adjournment



#### North Carolina General Assembly

### Legislative Study Commission on Children and Youth

#### **Minutes**

#### **February 5, 2004**

The Legislative Study Commission on Children and Youth met on Thursday, February 5, 2004 at 10:00 A.M. in Room 1124 of the Legislative Building. The following members were present: Chairpersons: Senator Ellie Kinnaird, Representative Carolyn Justice, and Representative Larry Womble; Legislative Member: Representative Jennifer Weiss; and Public Members: Dr. Margaret Arbuckle, Ms. Dorothy Cilenti, Mr. John Combs, Dr. Austin Connors, SGM Johnny Farmer, Mr. Joseph Gaca, Dr. Henry Hawthorne, Mr. Lee Settle, Dr. Reta Shriver, Dr. Michael Ward; and Ex-officio Members: Mr. McKinley Wooten, designee for Hon. Gwynn Swinson, and Margaret Peebles, designee for Dr. Michael Ward. Also present were House Sergeant-at-Arms Bill Sullivan and Bob Fowler; Senate Sergeant-at-Arms George Robinson, Richard Telfair, and Robert Young. Research Staff present were Brenda Carter, and Wendy Ray.

At 10:05 Representative Carolyn Justice, presiding co-chair, called the meeting to order and welcomed the members.

Chairwoman Justice explained the co-chairs had previously met, and discussed potential key issues for the committee to work on. She hoped each member could add issues to the table, and the chairs would consider all issues, narrow them down, and proceed.

Senator Ellie Kinnaird, co-chair, addressed the committee to explain the three key issues discussed by the co-chairs. She stated her particular interest was Trafficking of Children (girls ages 11-14 taken into sex trade). This issue will be discussed at the next meeting, and speakers will make presentations. The three issues were: Trafficking of Children, Children's Health, particularly obesity, lack of exercise, poor diets, and Tobacco use in Children.

Representative Larry Womble, co-chair, also welcomed everyone and thanked them for being at the meeting. He, too, expressed concern with the many issues confronting children today, and the task before the committee to alleviate these problems.

Chairwoman Justice asked each member to introduce themselves and express the key issues they would like to see come before the committee.

Dr Henry Hawthorne - Pediatrician: He agreed with items mentioned, and told the committee that National Geographic recently had an excellent Article on trafficking of children worldwide.

Mr. Lee Settle – Retiree of Food Industry: Explained he had a great interest in children. He said "children do not have enough excellence in their lives". They witness news and television with repeated episodes of violence, and a poor picture of life is painted for them.

Dr. Reta Shriver – Pender County Department of Social Services: Wanted to praise the "unsung heroes" – the grandparents and family members who raise the grandchildren and family, and are not given money through the court system to adequately support the grandchildren or family as is given to other "foster parents".

Representative Jennifer Weiss: Wants to share the 2003 Advocacy Report Card and focus on some of the D's and F's such as: low birth weight, dental health, deaths due to injuries, overweight children, alcohol and tobacco use, child abuse and neglect and see if we can bring the grades up.

SGM Johnny Farmer – Represents Association of County Commissioners: Agreed with all issues previously stated. He hoped he could bring his experience to the table to assist in the endeavor.

Mr. Joseph Gaca – Assistant Principal: Stated he wanted to see how to get the services needed to all students.

Dr. Austin Connors – Children and Family Services of NC: Concerned for safety and welfare of children. He stated that the state needed to be the "best parent" in foster care.

Mr. John Combs – Attorney: Works with abuse cases. He would like to work on getting proper compensation for guardianship of children when given to family members.

Ms. Dorothy Cilenti – Health Director Chatham County: Agreed with the concerns over obesity, physical activity, injury, alcohol and tobacco. She is concerned about the growing mental health issues such as depression in children, as it is rampantly on the rise.

Dr. Margaret Arbuckle – Representative of Child Advocacy – She stated that in some areas of mental health there are problems, such as many young children in childcare and preschool are diagnosed with aggressive behavior and depression.

Mr. McKinley Wooten – Designee for Hon. Gwynn Swinson (Secretary of Administration): He agreed these are all problem issues.

Ms. Margaret Peebles – Designee for Dr. Michael Ward (Public Instruction): She expressed concern for all issues presented.

Chairwoman Justice thanked each member for participating. She then asked visitors to be recognized and share their thoughts.

Discussion ensued regarding:

What legislation can be introduced during the short session (criteria for introduction); Duplication of tasks within other interim studies/committees; and Pending legislation from 2003 Session

House Bill 303 regarding obesity in children.

House Bill 254 regarding tobacco (increasing excise tax)

Several visitors spoke regarding information they could share with the committee on the issues discussed. Chairwoman Justice asked them to get the materials to her assistant, Vivian Sherrell, to be copied and presented to the co-chairs for discussion. Chairwoman Justice then reminded everyone this Commission meets until 2005.

Senator Kinnaird asked Staff to check and see if other committees were studying any of the issues discussed today.

Chairwoman Justice announced the next meeting for Wednesday, March 3<sup>rd</sup>. Notices and location will be forthcoming. The March 3<sup>rd</sup> meeting will be primarily concerning the issue of trafficking of children.

As there were no further questions from the members and no further business before the Committee, Chairwoman Justice then adjourned the meeting at 11:00 AM.

Respectfully submitted,

Representative Carolyn Justice

**Presiding Co-chair** 

Vivian Sherrell Committee Clerk

Senator Ellie Kinnaird, Co-chair Representative Larry Womble, Co-chair

# **VISITOR REGISTRATION SHEET**

Leg Study Commission on Address of Gosth 2-5-04

Name of Commission on Address of Gosth Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

<u>NAME</u>	FIRM OR AGENCY
DebbieGoldstor	e VAIC
Mark Stein	Heath Choice
Steve Shore	Ax Paliatric Society
Mykinley Wosten	DOA
Revin Fitz Cerell	UNG
Doroth Caldenell	DPH
Signith Talson	AHA
Susan Morgan	FRD
Dorothy Clever	Chat Country
Kem Toloma	NO AC DS
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#### January 3, 2005

#### **MEMORANDUM**

TO:

Members, Legislative Study Commission on Children and Youth

FROM:

Senator Eleanor Kinnaird, Co-Chair

Representative Carolyn Justice, Co-Chair Representative Larry Womble, Co-Chair

**SUBJECT:** 

Meeting Notice

There will be a meeting of the Legislative Study Commission on Children and Youth:

DAY:

Tuesday

TIME:

11:00 a.m.

DATE:

March 3, 2004

LOCATION:

Room 421, Legislative Office Building

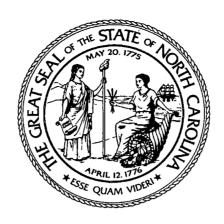
Please advise Vivian Sherrell, Committee Assistant, at 919-715-9664, or e-mail Justicela@ncleg.net if you will be unable to attend.

Posted: April 22, 2004

cc:

Committee Record \_\_\_\_

**Interested Parties** 



# Legislative Study Commission on Children and Youth

March 3, 2004
11:00A.M. Room 421 LOB
Presiding Co-Chair – Rep. Carolyn Justice
Co-Chair – Sen. Ellie Kinnaird
Co-Chair – Rep. Larry Womble

#### **Meeting Agenda:**

Welcome
Approval of minutes from February 5<sup>th</sup> meeting
Trafficking of Children Speakers:
Introduction of Leslie Wolfe
Leslie Wolfe, President, Center for Women Policy Studies

Introduction of Dr. Sharon Cooper
Dr. Sharon Cooper, Pediatrician and expert in Trafficking of
Children in the U. S

Introduction of Tom Murphy
Tom Murphy, Prosecutor Child Exploitation, U.S. Attorney General
For the Easter District

Introduction of Mike Smith
Mike Smith, State Bureau of Investigation

Introduction of Marcia Herman-Giddens
Marcia Herman-Giddens, Child Violence Task Force

Committee Discussion Adjournment



#### LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH

Wednesday, March 3, 2004 11:00 a.m. Room 421, Legislative Office Building

#### **Minutes**

The Legislative Study Commission on Children and Youth met on Wednesday, March 3, 2004, at 11:00 a.m. in Room 421 of the Legislative Office Building. The following members were present: Chairperson Carolyn Justice, Rep. Larry Womble, co-chair, Sen. Stan Bingham, Sen. Charlie Dannelly, Rep. Jennifer Weiss; and Public Members: Dr. Margaret Arbuckle, Ms. Dorothy Cilenti, Mr. John Combs, SGM Johnny Farmer, Mr. Joseph Gaca, Mr. Lee Settle, Dr. Reta Shriver, Dr. Austin Connors; Ex-officio members: Mr. McKinley Wooten, and Dr. Kevin Ryan. Staff present included Brenda Carter, Wendy Graf Ray, and Lisa Wilks. Also present were House Sergeants-at-Arms Jim Womack and Earl Tharrington; Senate Sergeants-at-Arms Jon Fitchett and Wade Anders. The Agenda and the Visitor Registration Sheet are attached and incorporated into these minutes as **attachments 1 and 2**.

At 11:10 am, Chairwoman Justice called the meeting to order and welcomed the members and guests. She then drew the Committee members' attention to the minutes from the February 5, 2004 meeting. Upon a motion from Dr. Arbuckle, the Committee approved the minutes as written.

Chairwoman Justice expressed thanks to Sen. Kinnaird, who could not be at the meeting, for her efforts in setting up the excellent speakers for today on the difficult and little talked about subject of the Trafficking of Children and Youth. She introduced each speaker before his or her presentation.

#### Dr. Leslie Wolfe - President for Women Policy Study

Dr. Wolfe stated that most literature on trafficking of children is about other countries; however, we should acknowledge thousands of our young sisters in the United States are living in despicable conditions of sexual exploitation. The Center for Women's Policy Studies was founded in 1972. The center's work is on the cutting edge and defines policy options to address problems. The Center works with State legislators in all fifty states. Because of the leadership

of legislators, trafficking is on the forefront. In 1999, this problem came to the legislators. Since 2001, the Attorney General's Office has prosecuted 118 traffickers. The state should be in a partnership with the Federal Government and the Justice Department to address issues, as we are a trafficking destination country. We need two pieces of legislation. The first is to prosecute traffickers, and the second is to protect women and girls who have been trafficked. The Center is recommending States pass laws that establish sexual trafficking and labor trafficking as State felony offenses with substantial penalties, and have provisions for victims to sue for damages and for the cost of bringing the suit for damages. They need to create an expert study commission to determine the nature and extent of trafficking. She stated in order to learn more go the web site: www.centerwomenpolicy.org.

Dr. Wolfe concluded by saying the ultimate goal of the Women's Center is to enable states to partner with the Federal Government to benefit girls being trafficked into the United States. (Attachments 3 and 4)

Dr. Sharon Cooper - Pediatrician and Expert In Trafficking of Children in the U.S.

Dr. Cooper started her presentation by saying that we need to recognize that children are being sexually exploited on the Internet, through street crimes, and through organized crime. These crimes have a strong organized nature and exploit through child pornography, prostitution of children and youth, through the Internet, and human trafficking of women and children (not just foreign women coming into our country, but also, American children). There are four ways children are being enticed: First, toddler pornography, and this is happening to children less than five years old. Secondly is Cyber enticement by establishing a relationship with a child on the Internet and nurturing it in preparation for a meeting. The people who lure these girls are called travelers. They go from one side of the country to another with the children. Thirdly, Sex trade tourism, which entails leaving the U.S. and traveling to another country where there is easy access to sex with children. Fourth, Sexual slavery or bondage is a modern day practice of slavery. This is the third largest crime in the world after arms and drug dealing. There are two types of human trafficking. They are domestic trafficking and transnational trafficking. Runaway children are at a very high risk for exploitation. These children are victims, not criminals. Services are funded by the Department of Justice and the Department of Health and Human Services. Dr. Cooper stated as a State, we are encouraged to write grant proposals that will help to fund the kinds of services we would want to provide. She discussed the Polaris Project, which has kept in close contact, and has developed model legislation to use to see what would work for your State. They have developed databases for high- risk areas. Staff was asked to investigate whether or not North Carolina has shelters for runaway youths. (Attachments 5, 6, 7 and 8)

# Mr. Thomas Murphy – Prosecutor Child Exploitation, U.S. Attorney General for the Eastern District

Mr. Murphy stated he prosecutes offenses in North Carolina. He works in the eastern district of the state. The prosecution of child exploitation is higher in this district because of Interstate 95. Things handled in his office have to have a Federal nexus. He said there are three ways child exploitation is being prosecuted: First: for manufacturing and distribution of child pornography. There are two to three dozen cases a year in our area. Secondly: traveler cases. The typical person is a middle aged white man who meets a minor on the Internet (chat room), enticement of child pornography, exotic writings and drawings. They travel from one state to another to have

sex with children. These offenses are very hard to prove. The law requires the Federal Government to prove he had in his mind to have sex with a minor. The one common thread is the use of the Internet. Thirdly: single cases in which a parent or guardian made a child available for sex through the Internet. This sex slave industry is very hard to prosecute. There is a current effort to import children from Russia to teach them to be sex slaves until the age they are no longer useful. There is lots of sex slave trade from Mexico in Wake, Johnston, and Harnett counties, because of Interstate 95. They are enticed because of the money they can send back home. Other women run a lot of operations. There are male enforcers, but the brains are the women. The Federal government is forming a Task Force to deal with sexual slavery. Local levels need to find some way for women to get out of this mess. Mr. Murphy concluded by saying "this is economic slavery (not kidnapping)".

#### Mr. Mike Smith - State Bureau of Investigation

Mr. Smith stated that Law Enforcement Officers investigate violations and crimes against children based on Internet usage. He works child pornography cases. When a photograph of a child is taken, it is a crime in action at a specific date and time. Every time the photograph is printed, swapped, etc., the child is victimized again. You find individuals using these photographs to groom their next victim. We need to educate children on Internet access by:

- 1. Organizations that will address the problem, such as PTA's and other groups.
- 2. National Center for Missing and Exploited Children (through their Internet site). We need to advise parents to track the history of the Internet sites their children visit.
- 3. Companies need to get involved as Microsoft already has. They need to know which direction to direct their money as well ash their help.

The law now reads that you have to have a physical victim, and because of the felony level being very low, it makes the attempt a misdemeanor, and cannot be registered as a sex offense. Mr. Smith concluded by saying child pornography is currently defined in North Carolina as any visual depiction of a child in a sexual act. You actually need to have the sex act.

#### Dr. Marcia Herman-Giddens - Child Violence Task Force

Dr. Herman-Giddens stated that we are creating children as sexual targets through television, magazines, and other advertising. Children now are developing earlier. Most schools are teaching abstinence in sex education classes, and the rest of their lives are advertisements for just the opposite. Some things we can do are to make sure there are media awareness courses in schools about sexualization of children. Adults are presenting the children with the wrong message by allowing them to view magazines and ads about sexuality. Most schools in North Carolina start sex education classes in the fourth or fifth grades. This needs to be changed to earlier grades. We need to have legislation introducing and requiring media literacy courses and insure all schools do this. Dr. Herman-Giddens concluded by saying that we have turned our children into sexual targets. (Attachment 9)

Representative Womble commented that a big part of the problem on educating our children on what they should watch and read should start at home.

Chairwoman Justice again mentioned the superb job Sen. Kinnaird did in recruiting these excellent speakers concerning the Trafficking of Children, and, also, thanked the speakers for the wonderful job they did in explaining the Trafficking of Children. Representative Justice said the

topic of the next meeting would be Childhood Obesity, and in the future, Tobacco. <u>She asked Staff to make sure this committee was not over-lapping other committees working on similar subjects.</u>

As there was no further business before the Committee, Chairwoman Justice then adjourned the meeting at 1:45 pm to reconvene on Wednesday, April 7, 2004 at 10:00am. the time all committee members agreed upon.

Underlined items are recommendations by the speakers for this committee.

Respectfully submitted,

Representative Carolyn Justice

**Presiding Co-Chair** 

Vivian Sherrell
Committee Clerk

Senator Ellie Kinnaird, Co-Chair Representative Larry Womble, Co-Chair

#### Attachments:

- 1. Agenda
- 2. Visitor Registration Sheets
- 3. Hiding in Plain Sight Handout
- 4. Excerpts from The Girls Next Door Handout
- 5. Joining Forces Against Child Sexual Exploitation Handout
- 6. What Can We Learn From States And Communities That Have Addressed Female Juvenile Prostitution Handout
- 7. National Center For Missing & Exploited Children Handout
- 8. Juvenile Prostitution Handout
- 9. A Short Primer on the Sexualization of Children in US Advertising Power Point Presentation Handout

attachment 2

#### **VISITOR REGISTRATION SHEET**

Study Commission On Children and Youth

March 3, 2004

Name of Committee

Date

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Carla Caccia	wellness/Prevention NCPHA
Monina Johnson Hostler	NOUN
Savah Lone	ser. Kinnen
Michael Arnold	Nealth & Wellness Trust Fund Commission
David Gardner	Wake Med Chair, NC Action for Healthy Kids Coalition
Kim Howes	NCCAI.
X DEINH	001 XTO
Jim Klinglen	Fiscal Regearch
Jak Alfany	APPCNC
A. Solaki	SMART START
KT George	NCACDSS
John Rost	NCFPC

## **VISITOR REGISTRATION SHEET**

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Pam Slamans	NC Alliance for Health
1 Beneley	LBA
Dorothy Caldwell	Division of Public Hoalth.  Dept. of Houth & Herry Service
Medde March	McStake Syis War Methors 1
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#### April 28, 2004

## **MEMORANDUM**

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Members, Legislative Study Commission on Children and Youth

FROM:

Senator Eleanor Kinnaird, Co-Chair

Representative Carolyn Justice, Co-Chair Representative Larry Womble, Co-Chair

**SUBJECT:** 

Meeting Notice

There will be a meeting of the Legislative Study Commission on Children and Youth:

DAY:

Wednesday

TIME:

10:00 a.m.

DATE:

April 7, 2004

LOCATION: Room 643, Legislative Office Building

Please advise Vivian Sherrell, Committee Assistant, at 919-715-9664, or e-mail Justicela@ncleg.net if you will be unable to attend.

Poste	ed: April 22, 2004	
cc:	Committee Record	
	Interested Parties	



# Legislative Study Commission on Children and Youth

Wednesday, April 7, 2004 10:00 a.m. Room 643, LOB

#### **AGENDA**

#### Call To Order

-- Cochairs: Representative Larry Womble, Presiding

Representative Carolyn Justice

Senator Ellie Kinnaird

# Approval of minutes - March 3rd meeting

#### **Introduction of Speakers**

Presentations: Childhood Obesity

Dr. Marcus Plescia
 Section Chief, Chronic Disease and Injury
 Division of Public Health, N.C. Department of Health and Human Services

- Occidentation 

  Dorothy Caldwell
  Coordinator, NC Healthy Weight Initiative
  N.C. Department of Health and Human Services
- Dr. Timothy Monroe
  Director, Forsyth County Health Department
- American Heart Association
- Pediatrician, The Children's Clinic Wilmington, N.C.

#### **Committee Discussion**

Childhood Obesity Trafficking of Children

## Adjournment



#### LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH

#### Wednesday, April 7, 2004 10:00 a.m. Room 643, Legislative Office Building

The Legislative Study Commission on Children and Youth met on Wednesday, April 7, 2004, at 10:00 a.m. in Room 643, Legislative Office Building. Representative Larry Womble chaired the meeting. Cochairs Senator Ellie Kinnaird, Representative Carolyn Justice and Representative Larry Womble were present. Other members of the commission present were Senator Stan Bingham, Representative Mary McAllister, Representative Jennifer Weiss, Dr. Margaret Arbuckle, Ms. Dorothy Cilenti, Dr. Henry Hawthorne, Dr. Reta Shiver, Dr. Kevin Ryan, Dr. McKinley Wooten, and Dr. Austin Connors. Staff present included Brenda Carter, Lisa Wilks and Vivian Sherrell. The meeting agenda and visitor registration sheet are attached hereto and made a part of these minutes as **Attachments 1 and 2**.

The Chair called the meeting to order and welcomed members and guests. The Chair gave a brief explanation on the charge of the Commission and announced that today's presentations were on Childhood Obesity.

**Dr. Marcus Plescia**, Section Chief, Chronic Disease and Injury, Division of Public Health, N.C. Department of Health and Human Services was the first presenter.

Dr. Plescia stated that obesity is an epidemic and has significant health consequences. He went on to explain obesity is very common to see in today's news and is actually more serious than what the media reports. Dr. Plescia did a slide presentation pointing out the following:

- > Obesity is a health problem and is reaching epidemic proportions.
- > Statistics show that African American and Hispanic children are more overweight than other children and are at a higher risk for diabetes.
- > Psychological problems as well as heart disease result from obesity.
- Some of the substantial causes are society, environment, lack of exercise and lack of physical education classes.
- There is a need to make changes in communities and schools.

Senator Bingham asked about the possibility of removing soft drinks from the school property or changing over to all diet drinks. The senator was informed there was no data available at this time regarding soft drinks on public school grounds. Senator Bingham asked if physical education could be made a curriculum requirement in schools. It was noted that there is presently a bill in the House to require physical education in schools.

Representative Womble called attention to an article written by Representative Julia Howard and Senator Ellie Kinnaird regarding soft drinks in our schools. This article is made a part of these minutes as Attachment 3.

The next presenter was Ms. Dorothy Caldwell, Coordinator, NC Health Weight Initiative, N.C. Department of Health and Human Services. Dr. Caldwell distributed information to the committee (Attachment 4) and explained that these were urgent needs that needed utmost attention. She further explained that obesity is everywhere and is the main issue as shown by statistics from the School Board of Education (Attachment 5). Nutrition and Tobacco were also at the top of the list. She asked that the Commission take a look at the meals and snacks currently offered in our schools. If obesity is addressed now, it will not become a psychological problem and at the policy level, it would cost less and reach more people.

Some of the legislation introduced last session but did not pass included:

H 303. PHYSICAL EDUCATION REQUIRED IN SCHOOLS. TO REQUIRE ALL SCHOOL CHILDREN TO RECEIVE AT LEAST THIRTY MINUTES OF PHYSICAL EDUCATION ACTIVITY DURING A SCHOOL DAY. Amends GS 115C-81(b) as title indicates. Amends GS 115C-47 to provide that local boards of education have the duty to ensure that all students participate in at least 30 minutes of physical education activity each school day. Effective when it becomes law and applies to all school years beginning with the 2003-2004 school year.

S 582. ESTABLISH COMMISSION ON CHILDHOOD OBESITY (NEW). Intro. 3/31/03. Senate committee substitute makes the following changes to 1st edition. Replaces blank bill. Changes title. Establishes the Commission on Childhood Obesity, which shall have 27 members, including the Superintendent of Public Instruction or designee, one member of the Heath and Wellness Trust Fund (who shall serve as Chair of the Commission), two parents of public school children and one public high school student, two members of the Senate, two Members of the House of Representatives, two members of a local board of education, one public school child nutrition director, one public school nutrition education specialist, one at-large member, five members to be appointed by the Pres. Pro Tem of the Senate (including one public school health education teacher, one Smart Start Program representative, one pediatrician, one psychiatrist specializing in obesity and one school administrator) and five members to be appointed by the Speaker of the House (including one public school physical education specialist. one More at Four Program representative, one dentist, one researcher into the obesity epidemic, one school administrator), as well as one representative of the vending machine industry, one nutritionist, one economist, all three of whom are to be appointed by the Health and Wellness Trust Fund Commission. The Commission shall study (i) the cause of obesity in NC children, (ii) socioeconomic issues associated with childhood obesity, (iii) how the state should deal with childhood obesity, (iv) how to prevent obesity in NC, and shall make recommendations on nutritional guidelines for food served in the public schools, physical education and physical activities in the public schools, healthy and nutritional behavior by NC students and their families. The Commission is to submit a final written report to the Jt. Legislative Health Care Oversight Committee, the Jt. Legislative Education Oversight Committee and the Health and Wellness Trust Fund Commission by May 7, 2004, at which time the Commission will terminate.

Concerns include nutrition in schools. In the report, Eat Smart North Carolina, it recognized the need for a standard for all foods that are available in schools. It was reported that \$54 million dollars was earned from the sale of a la carte foods in cafeterias annually. It is not known how much of these sales include vending machines purchases. Hopefully, between federal and state legislation, there will be requirements for local school districts to develop wellness policies and requirements to establish food guidelines. Federal legislation recently passed the House and is now in the Senate.

As for financial concerns, the cost of inaction is higher than action. Skyrocketing healthcare costs such as diabetes will be a big concern. It is already projected that 30% of children born in 2000 will have diabetes.

Ms. Joanne Harrell of the American Heart Association was recognized for the next presentation. She distributed information that she wanted to share with the members (Attachments 6, 7, 8, 9). Ms. Harrell told the committee that the health costs of obesity had tripled in twenty years. In North Carolina, it cost \$2 million annually to treat obesity. She explained that obesity is not complex but was just an imbalance in energy intake and output. Research has been focusing on schools and the public health policy approach. She stressed the importance of physical activity to help combat obesity and related illnesses. Just one hour of daily activity would make a significant difference in solving the obesity problem. Schools should be used for learning tools regarding health problems. It has already been shown that achievement scores were better for students who had just one extra hour of exercise. The rural areas seem to be worse with lack of access to facilities. Also, there seems to be an encouragement there of inactivity. What is being done? There is a great need to mandate more physical activity and look at prevention for Type 2 diabetes in children.

Dr. Henry Hawthorne, who is a committee member and a pediatrician at the Children's Clinic in Wilmington, North Carolina, was the next presenter. He stated he would like to concur with the previous presenters as to the enormous problem with obesity in children. He presented three handouts with information (Attachments 10, 11, 12) for review and discussion. One of the biggest parallels with obesity is the increase in Type 2 diabetes in children. He said that Duke Medical School now includes as part of their curriculum health, nutrition and obesity. They want to make a greater impact on stopping the diseases that come with obesity.

With regards to the 2003 NC Child Health Report Card, the Child Advocacy Institute sees a need to get a legislative effort to help solve the problem.

**Dr. Tim Monroe** is the Director of the Forsyth County Health Department. He told the committee to consider obesity the most critical issue in health today. Information regarding the magnitude of the problem should be used to frighten awareness especially with regards to diabetes. Fear causes action and represents transformation of culture. Group forces are driving the problem with marketing and advertising that encourages buying and consuming unhealthy products. The automobile contributes by allowing us to drive rather than walk – discourages exercise. With no exercise and the way we eat, this causes problems. Also, the fast food restaurant is too easy, especially for the low-income families.

We need to look at school nutritional practices. Vendors say water is their biggest seller but when it is suggested to have milk, fruit juices and water in their machines, they balk at the idea. Our school system is an early and important venue for good health and for health eating habits. The government should be the strong force in transformation. A good example of mandated transformation for saving lives was the use of seat belts. Tennessee first introduced this law in 1978. By 1985, every State had this law.

He feels that government does have the children's best interest at heart and suggests that we look at things to be done in order to set standards. This is a good opportunity to set standards at the State level.

A suggestion was also made in regards to making our State more pedestrian friendly. Larger cities are pedestrian friendly because of mass transportation systems such as subways. Walking takes part in the daily commute. So many things push our society towards bad choices.

Senator Kinnaird thanked Representative Womble for putting the meeting together with today's presenters.

She went on to say that this generation might be the first generation not to live as long as their parents.

Ms. Cilenti commented on the need to respond to these issues concerning our children and put appropriate resources in the schools.

Representative Womble asked for approval of the minutes from the commission's previous meeting. Motion was made to approve the minutes, motion was seconded. Motion carried.

Representative Womble, along with committee members, set a tentative date for the next meeting to be held on Tuesday, May 4, 2004, at 10:00 a.m.

With no further business to discuss, the meeting adjourned at 12:45 p.m.

Respectfully submitted,

Representative Larry Womble

Presiding CoChair

Vivian Sherrell, Committee Assistant

Senator Ellie Kinnaird, CoChair

Representative Carolyn Justice, CoChair

#### Attachments:

#1 Agenda

# 2 Visitor Registration

#3 Article

# 4, 5 Dr. Caldwell's handout

# 6, 7, 8, 9 Ms. Joanne Harrell's handouts

# 10, 11, 12 Dr. Henry Hawthorne's handouts

# **VISITOR REGISTRATION SHEET**

Study Commission On Children and Youth

April 7, 2004

Name of Committee

Date

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Katherine Jayce	NCASA
Ala Priderrare	NCASA
an Jessup	UNC-CH
	CYAIO
Carla Caccia	NCPHA - Wellners & Prevention
Vinne gerry	NCSPA
SUSAN RASMUSSEN	UNC-CH
Dana Creighton	UNC-CH
Gene Causby	11 C S F S A
7	DSBM NCPHA
Debouch Rouse	NCALH D

# **VISITOR REGISTRATION SHEET**

Study Commission On Children and Youth

April 7, 2004

Name of Committee

Date

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Flor Harres	WBS
Dorthy Colerate	
Jynoea Simmons	W/ Rep. McAUSTER
Pan Deardorff	DST
Carol Mitchell	KACHINGOV Kealthy Kirds
Semitanatt, 10	NACHUM for Health Kiels NC. Action on Health Kids
Starla Mchunay	NC DHHS
Deblaire Barnes	OSBM
Jane Wiland	GALIAOC

## April 28, 2004

#### **MEMORANDUM**

FROM: Senator Eleanor Kinnaird, Co-Chair Representative Carolyn Justice, Co-Chair

Representative Larry Womble, Co-Chair

There will be a meeting of the Legislative Study Commission on Children and Youth:

Tuesday TIME: 10:00 a.m. DAY:

May 4, 2004 DATE:

Meeting Notice

**SUBJECT:** 

LOCATION: Room 421, Legislative Office Building

Please advise Vivian Sherrell, Committee Assistant, at 919-715-9664, or e-mail Justicela@ncleg.net if you will be unable to attend.

Poste	ed: April 22, 2004	
cc:	Committee Record	
	Interested Parties	



#### LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH

#### Tuesday, May 4, 2004 10:00 a.m. Room 421, Legislative Office Building

The Legislative Study Commission on Children met on Wednesday, May 4, 2004, at 10:00 a.m. in Room 421, Legislative Office Building. Senator Ellie Kinnaird chaired the meeting. Members present were Representative Larry Womble, Co-Chair, Senator Charles Dannelly, Representative Jennifer Weiss, Dr. Margaret Arbuckle, SGM Johnny Farmer, Joseph Gaca, Lee Settle, McKinley Wooten and Carol Tant for Kevin Ryan. NCGA staff present included Wendy Graf Ray, Brenda Carter and Lisa Wilks. House Sergeants at arms present were: Bill Freeman, Paul Curry, and Tom Wilder. Senate Sergeants at Arms were: Richard Telfair, Robert Young, George Robinson, and Mary Perry.

The meeting agenda and visitor registration sheet are attached hereto and made a part of these minutes as Attachments 1 and 2.

The Chair called the meeting to order and welcomed members and guests. Senator Kinnaird then asked for a motion to approve the minutes from the meeting held April 7, 2004. Upon motion by Representative Womble, the minutes were approved

The first presenter was Susan Spalt, Adjunct Professor, School of Public Health, UNC-Chapel Hill.

Ms. Spalt gave her presentation on Tobacco Use Prevention in Adolescents (Attachment 3).

She explained several ways to prevent tobacco use in children:

- Increase the tax. Teenage smokers are three times more sensitive to price increases on tobacco.
- Health education taught by certified health teachers.
- Physical education that is rigorous, age-appropriate and taught daily.
- School food service that reinforces health.
- School nurses, counselors and social workers supporting the programs.
- Awareness from former teen smokers who were able to quit.
- Staff wellness programs.
- Community involvement.

• Media campaigns showing it is not fun, hip, popular – but rather boring, dirty and dull, such as the effective Florida Truth campaign.

Next, Senator Kinnaird introduced Mr. George Greger-Holt, Health Coordinator, Chatham County Schools. (Attachment 4) Mr. Greger-Holt went on to explain he was use to speaking directly with children rather than adults but would try to point out the importance of health and economic reasons to eliminate the use of tobacco by young people.

Some of the (2002) facts:

- Students who use tobacco were nine times as likely to use marijuana, seven times as likely to use alcohol and three times as likely to use inhalants.
- Students who use tobacco were eleven times as likely to use other drugs before school and nine times as likely to have used other drugs during school than their non-tobacco using counterparts.
- Students who use tobacco products are four times as likely to believe they have a drug problem as compared to those students who do not use.

From this data it is obvious that schools have a critical role in helping students learn to live healthy lives. He stressed the need to make it harder to use tobacco products but also the need to help children quit when they find they have an addiction.

Schools need support from state government and must take a role in the health of students. Tobacco education classes and smoking cessation groups should be formed and recurrent funds allocated in order to coordinate and keep assistance ongoing. The Health and Wellness Trust Fund has given an important beginning and now we need a way to continue the work.

Dr. Arbuckle asked what the Health and Wellness Trust Fund is doing at this point. Mr. Greger-Holt responded in saying that Chatham County received a grant enabling the county to start a program by hiring professional people to initiate the startup.

Mr. Settle thought that other than just raising taxes on cigarettes, maybe some of the children who have quit smoking could give reasons why they quit to use in a campaign against youth smoking.

Mr. Greger-Holt explained that researchers began to ask the children who do not use drugs why they did not, and found a common factor. Those who didn't smoke also didn't drink. Hence they call them protective factors. This is something that some youngsters have that protect them from bad things. It is something that seems to be universal and protects these children from smoking, alcohol and drugs, premature sexual activity, violence, etc. The children we have talked to mostly don't do these things because they say it is unhealthy and we are making strides towards creating a larger more broad population of young people who believe that. Most youngsters believe they have some athletic ability and they do not want to hinder that ability. They also talk about the image of tobacco smoking. Those two things: healthiness and image are the most frequent reasons we hear from the children.

Susan Spalt also stated that these young smokers do not realize the addiction of it all. Senator Kinnaird expressed her own story of being a smoking teenager and how hard it was to quit after twenty years.

Senator Dannelly inquired about the influence of gangs regarding youngsters and smoking and/or drugs.

Mr. Greger-Holt acknowledged his community is very rural and really does not have the gang influence at this time. The connection of gangs and drugs is usually just a money issue. That is how the gangs support their cause. It is rare to see gang members who actually use drugs. Also, these kids are smart – they are always one step ahead of us. They learn what we have found out and then they change it. What we also know is that youngsters involved in gangs are usually very bright, very organized, and have a lot of skills. We try to get them to see that their skills are important but we need to see the skills targeted in the right direction.

Senator Kinnaird agreed that people join gangs for the same reasons — usually they are disenfranchised and they don't feel they have a way to constructively add a contribution or belong. Intervention needs to be early such as third, fourth or fifth grades.

Senator Dannelly said that maybe with all we are reading and learning about gangs, it might be something that this committee could explore in the future.

Senator Kinnaird asked Mr. Greger-Holt a question from his survey. The surveys I've read said that black youths smoke less and take less drugs; however, it is the exact opposite in the public's mind. He responded that they have found that to be true. Most African-Americans use fewer drugs and tobacco than Caucasians. We also have a large influx of Latinos and their use is even higher than both. Access to money and not good use of time are the two most likely things to get our youth into trouble.

Senator Kinnaird commented that the Bush administration has cut money for public housing and after school program funds.

Senator Kinnaird explained that one of the reasons the budget for our nation and our state has gone so high is Medicaid expenses have gone through the ceiling. One of the main parts of the budget that has skyrocketed is treating people for tobacco related illnesses. If you want to save money for the future, you need to keep the children from starting to smoke.

Next we have a program from Chatham County that is directed to help our youth and is run by the youth. **Joan Phillips-Tremor** who is the organizer for the working program and **Jessica Kennedy** as leader of this peer group will explain how this is being done.

Ms. Phillips-Tremor said she actually works as health educator for the County Health Department and assisted in writing the grant for the Chatham County School System whereby they received the funding from the Health and Wellness Trust Fund. Jessica Kennedy explained about the workshops attended during the past year promoting 100% tobacco free schools. These workshops were for teachers and students to work with role models in order to create healthy environment. The youth then approached over sixty businesses in Chatham County to give information regarding smoking products being kept out of the reach and sight of youth and smoke free dining. Surveys were taken and overwhelming results showed customers wanted smoke free dining. The group also has gotten signatures on petitions to raise the tobacco tax since we know this would deter tobacco use. We have learned a lot about the effects of tobacco, media influence, policy change and how to learn about other tobacco related stories. We have passed out information to scouts and other youth groups

throughout the year. Jessica then shared with the committee pictures of some of these events (Attachments 5, 6, 7 and 8).

This program will continue again this summer with workshops and the youth approaching businesses regarding tobacco products and encourage smoke free environments. We also will pass out literature written in English and Spanish.

Senator Dannelly commented it was a great thing and he noticed that most of these youth were African-Americans. He wanted to know if the counterparts were not participating. Ms. Phillips-Tremor said it was about half and half.

Julia Malczynski, Health Educator with the Hertford Health Agencies, which serve the northeastern part of the state, acknowledged they too had a grant from the Health and Wellness Trust Fund. Two students, Mia Barnes and Crystal Brown, who both attend Hertford County High School, explained their program.

We have targeted mainly youth groups in the churches with tobacco prevention. The youth seem to listen to us rather than adults. People do what they see and we are teaching tobacco is whacko. Part of the process involved going to restaurants explaining how smoke free is so important especially since it is cancer causing and harms those who already who have asthma.

Mr. Lee Settle told about a business whereby becoming smoke free did not hurt the business at the establishment. Surveys have also shown that businesses do not lose money by going nonsmoking.

Representative Weiss thanked the students for all they were doing and praised their efforts as a wonderful demonstration of leadership.

Representative Womble commented on restaurants losing business because of "no smoking" policies. He went on to explain the businessmen do things because it makes money. If we are asking them to take away smoking which could lose customers, maybe the state needs to give back an incentive to these businesses such as was done with the farms.

Representative Womble also asked for percentages of students are smoke. The latest statistics show 33.7% of high school students and 13.3% of middle school students use tobacco products. Out of those, 27.3% of high school students smoke cigarettes and 9.3% smoke cigarettes.

Representative Womble said that he understood more African-American men die of lung cancer than Caucasian men.

As an example of tobacco companies reaching our youth, Sally Malek, Head of the Tobacco Prevention and Control Branch, Division of Public Health, NC Department of Health and Human Services, passed around two packs of cigarettes put out by Brown & Williamson Tobacco Company showing a "hip hop" group of kids on the package to attract youth to buy them. Hopefully this type of media can be stopped. Senator Kinnaird asked if there was any representation in attendance from the tobacco industry but there was no response.

Mr. Wooten from the Governor's office suggested a campaign whereby stars and athletes who are teenage idols be solicited to do smoke free campaigns.

The next presenter was Peg O'Connell, Director of External Relations, Medical Review of North Carolina (Attachments 9, 10 and 11). She briefly explained the NC Alliance for Health's resolution for an increase in the state's cigarette tax of at least 75 cents. She also explained a study that showed if black men stopped smoking, their cancer rates would drop by nearly two-thirds. Smoking accounts for more than just lung cancer – it is also linked to cancers of the colon, pancreas and prostate. She shared some of the major statistics supported by the NC Alliance for Health.

Senator Dannelly commented on the statistics and the disparities in health care and the deaths of African-American men.

Sally Malek, Head of the Tobacco Prevention and Control Branch, Division of Public Health, N.C. Department of Health and Human Services shared her personal testimony with the Committee (Attachment 12). She further explained the suffering she and her family endured with her mother's illness and death from the smoking related disease emphysema.

Tobacco related illnesses cost \$1.9 million dollars a year in North Carolina alone. New data from the Surgeon General's office will be coming out at the end of this month. Tobacco prevention in North Carolina costs for a comprehensive program would be approximately \$42.59 million.

After all presentations were finished, Senator Kinnaird commented that it was interesting no tobacco lobbyists were here today but they would be walking the halls when session starts next week.

Senator Kinnaird commented on the addictiveness of nicotine in cigarettes. She had her on addictive battle that she fought twenty years ago and can attest to the difficulty. Hopefully, we can stop Brown and Williamson from putting out enticing cigarettes for teenagers to purchase.

Senator Kinnaird then addressed the committee with the decision of to report. Are we going to send a report to the legislature on trafficking of children and youth? We actually have Representative Martha Alexander's bill, which is already out there, and if we recommend that the legislature move it forward, that becomes a formal recommendation. Staff said you could either make a recommendation that the bill move forward or your can reintroduce the legislation as a recommendation of the committee.

Mr. Settle expressed concern that the 75 cents tax on cigarettes goes expressly to keep the program going for children and youth tobacco prevention. Much discussion ensued regarding this issue. Staff and Senator Kinnaird explained how when you place a destination on where money should go; it could have a tendency for the legislation not to pass. Therefore, it would have a better chance to pass by not earmarking the money.

With regards to the **first issue of trafficking**, Senator Kinnaird asked the commission did it want to recommend the trafficking bill be introduced which is the same as Representative Alexander's – it sets up a study commission – but it has a little more punch because we recommended it. Dr. Arbunkle made motion and Mr. Gaca seconded. Vote was taken and unanimously passed.

The second issue deals with childhood obesity and whether we came out with anything other than exercise in the school and no vending machines. Are we prepared to actually make recommendations specific to that or would we rather make a general statement that we encourage this? What is your pleasure? We can say that we support S582, which has passed the Senate but not the House. We could say we find this bill to be important for the children of the state and would like

to see a study commission to come out with specific recommendations related to nutrition education and vending machines, etc. and physical education as a requirement. Staff reminded there was another bill, HB303 that is alive in the Senate that proposed minimum amounts of physical education per week in the schools. Senator Kinnaird suggests that the committee strongly support S582 and H303. Motion made by Dr. Arbuckle and seconded by Mr. Lee Settle. Motion unanimously passed.

The third and final issue is the 75 cents tax increase on cigarettes. Again Mr. Settle expressed concern that the money goes directly to programs to prevent youth smoking. Senator Kinnaird said it would pass a lot easier not directing where the money would go. She said already the Health and Wellness Trust Fund is helping in this regard and by making cigarettes more expensive, this would automatically deter youth from purchasing the cigarettes.

John Thompson with the American Cancer Society. We are not advocating for the allocation of this money in any manner. The CDC recommends that \$42 million a year be spent in the state for teen smoking prevention cessation. The Health and Wellness Trust Fund is working towards this goal. I don't know at what point we will get to this amount but it is a threshold that has been recommended.

It was pointed out also that the Health and Wellness Trust Fund is spending \$10.9 million a year on teen tobacco issues. Dr. Arbuckle made a motion to recommend the 75 cents tax per pack of cigarettes. Mr. Gaca seconded and the motion passed. Mr. Settle abstained from voting, as he wanted to ask for legislation to use the money directly for prevention.

Senator Kinnaird thanked the committee and those involved in the process. It was a worthwhile sacrifice of time and effort. This committee will continue into the next interim on two future issues: children's mental health, and grandparents as it relates to fostering grandchildren and especially to DHHS and child support.

The meeting was adjourned at 12:50

Sen. Ellie Kinnaird, Presiding Co-chair

Rep. Carolyn Justice, Co-chair Rep. Larry Womble, Co-chair

Vivian Sherrell, Committee Clerk

Attachments:

#1 Agenda

#2 Visitor Registration

#3 Handout Susan Spalt
#4 Handout George Greger-Holt
\$5, 6, 7, 8 Handouts Joan Phillips-Tremor
#9, 10, 11 Handouts Peg O'Connell
#12 Handout Sally Malek

#### **VISITOR REGISTRATION SHEET**

Study Commission On Children and Youth

May 4, 2004

Name of Committee

Date

## VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

**NAME** 

#### FIRM OR AGENCY AND ADDRESS

Mara Wilding	American Caucel Society
John Thompson	American Caucel Socety Raluega, NC
Jim MARTIN	NC DHHS, Tobacco Pres. Control Brand
Sally Hern Low Malch	NC DHHS, TODOESO Rev. & Control Brand
Susa W. Spalt	Retired! 300 James ST (no lboco
George Greger-Holf	Chatham Cant, Schools Po Bux 128, Pittsboxo, NC 27312 Hertfred-Gates
Julia Malczynska	Hertfind-Gates Health Agency
Mia Barnes	Health Agencil
Crystal Brown	Hertford. Gates
CAROL TANT FOR KENIN RYAN	Health Agency DIVISION OF P. H Women's Children's Health Section
Doro Thy Coldwell	Dission of Pulte Health School Heal

## VISITOR REGISTRATION SHEET

Study Commission On Children and Youth

May 4, 2004

Name of Committee

Date

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

**NAME** 

#### FIRM OR AGENCY AND ADDRESS

Joan Phillips-Trave	- Chatham Co. Public Health Dept
Jessier Venned	Chatham County
Civilie Elwards	UNC-Scholof Social Work
Sgritte Jolson	Am. Head Assoc.
MANL JOHNSIVE	
Anne Butzen	UNC Dept Family Medicine
Deboral Cerrito	Walke Country Project ASSIST
REFECCA REVE	Gov's INST. ARCASA
Pan Schmans	NC Alliance for Heath
JOHN GOODMAN	Alley Associates
Peg O'Connell	NO Allitha Gar Health
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# **VISITOR REGISTRATION SHEET**

Study Commission On Children and Youth	May 4, 2004	
Name of Committee	Date	

# VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS						
Katherine Joyce	NCASA						
Mike Arnold	HWTFC						
Mark Ezzell	HNTFC						
Pal-a Jan	APPCNC						



# North Carolina General Assembly State Legislative Building Raleigh, North Carolina 27601

March 10, 2004

Dear Member Children and Youth Study Commission:

The chairs of the Legislative Study Commission on Children and Youth would like to thank you for your participation on our committee.

For those of you who were in attendance at our last meeting on March 3<sup>rd</sup>, I hope you were as impressed as we were with the quality of our speakers, and the wealth of information provided on the subject of the Trafficking of Children.

The chairs met on March 9<sup>th</sup> to choose future programs from those discussed at our first meeting, and to define our goals and objectives.

#### Trafficking of Children and Youth

Please see enclosed a copy of HB1086, which was entered in 2003. The bill is currently in the House Rules Committee. Our hope is that we could get this bill through the General Assembly this year. We will address this at one of our meetings.

#### Childhood Obesity

Our meeting April 7<sup>th</sup> will address this subject. We have an excellent panel of experts in this field who will help us all to better understand this issue. Please see attached some reading material on this subject.

#### Tobacco and Youth

We will address this subject in May. We will forward material to you prior to that meeting.

Compensation to Care Givers Other Than Foster Parents / Mental Health
These issues will be the subjects of one of our future meeting. (Date to be Determined).

It is our hope to provide education on all these subjects and when possible to move forward with legislation or recommendations that will address solutions.

We encourage you to communicate with us if you have input or recommendations that you feel would be helpful to the committee.

Please read the enclosed material, and bring it with you to our meeting on April 7, 2004.

Sen. Ellie Kinnaird (Co-chair)

Rep. Carolyn Justice (Co-chair)

Rep. Larry Womble (Co-chair)

# Days of the Week You Cannot Attend Meetings

# Legislative Study Commission on Children and Youth

DATES  MEMBERSHIP		MONDAY	TUESDAY	WEDNESDA	THURSDAY	FRIDAY							
Senator Ellie Kinnaird, Co-chair													1 .
Rep. Carolyn Justice, Co-chair								П					
Rep. Larry Womble, Co-chair													]
Senator Stan Bingham					•								
Senator Charlie Dannelly													
Representative Mary McAllister													
Senator Jeanne Lucas													
Representative Jennifer Weiss												*	MOTNINGS are best I serve
Senator Scott Thomas													interim comi
Dr. Margaret Bourdeaux Arbuckle		4											legis calenda
Ms. Dorothy Cilenti													
Dr. Henry Hawthorne, Jr.		X					$\times$						X Connot need
Honorable Alexander Lyerly													
Mr. John Combs													
SGM Johnny Ray Farmer		X											
Mr. Joseph Jay Gaca													
Mr. Ron Morton	<u> </u>										_		
Honorable Kenneth Titus													
Mr. Lee Settle			ا ما										
Ms. Reta Shriver	X	X	X										
Ms. Carmen Hooker-Odom			· ,										
Honorable Gwynn Swinson			X			X							
Dr. Michael Ward			,						ļ			Ш	
Dr. Austin Connors										Ш			

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name	Home Address
Judge Alexander Lyerly	PO Box 127 Banner Elk, NC 28604
Social Security Number	E-Mail Address
239-68-0133	Bejustabl@aol.com (home)
Preferred Mailing Address	Telephone Number
PO Box 127	
Banner Elk, NC 28604	828-898-5382 (home)
•	828-733-2395 (office)

#### Fax Number

.828-733-2039

Please bring this form with you to the February 5, 2004 meeting, if at all possible. If you are not able to attend this meeting, please mail the form to me. Thank you very much.

Ms. Sherrell: I regret that it will not be possible for me to attend the up-coming meeting.

Thank you.

RECEIVED

FEB 0 2 2004

To: All Public Members, Study Commission on Children and Youth

PENDER CO. DEPT. OF SOCIAL SERVICES

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name Reta M. Shiver Home Address 27 Thankful Rd. Racky Point, NC 28457

Social Security Number 242-68-6260 E-Mail Address daneechee@hotmail.com

Preferred Mailing Address Pender DSS Telephone Number
P.O. Box 1207 (910) 259-1240 (WK)
Burgaw, NC 28425 (910) 675-2985 (H)

Fax Number (910) 259-1418

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name

Home Address

Margaret Arbuckle

1100 Bucking ham Rd Greenshord NK 27408

Social Security Number

E-Mail Address

241-74-7208

mbarbuck@bellsouth.net Telephone Number

Preferred Mailing Address

1100 Buckinghamfd Isreousborr NC 27408

336-256-1084(0)

336-274-7122(h)

336-337-1509-cela

Fax Number

336-334-4435

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name John Combs Home Address 119 Cedar Tr. Wilnston-Salen 1427104

Social Security Number 245-41-4464 E-Mail Address Jeombs @Sanders combs. Con

Preferred Mailing Address Home Telephone Number

336-774-0576

Fax Number 336-724-2077

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name

Home Address

HERRY C. HAWTH ORNE, Ja 5932 GREENVIlle Loop Road Wilmington, n. C. 24409

Social Security Number

E-Mail Address

235.58.6007

H Hauthoane & Encar

Preferred Mailing Address

Telephone Number

5932 GREONVILLE Loop Road Wilmington, N.C. 28409

#### Fax Number

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Name Dorothy Cilenti

Home Address 160 MCGregor Words
Chapel Hill NC
27517

Social Security Number 129-58-2137 E-Mail Address donothy. cilent a

Preferred Mailing Address

Telephone Number 9/9-542-8 2/

Fax Number (9/9) 542-8227

From: Vivian Sherrell, Committee Assistant

Subject: Information

I am the Committee Assistant for the Legislative Study Commission on Children and Youth. One of my duties is to prepare and submit reimbursement forms to authorize payment of mileage, per diem, parking, and other expenses incurred while you are performing your duties as a public member of the commission. To assure the prompt processing of your reimbursement forms, I need the following information.

Ν	ar	n	е

#### Home Address

Johnnie Ray Farmer

142 Ray Farmer Ra Aulander NC E-Mail Address 27805

Social Security Number

241-80-2225

sam farmer @ earthlink.net

Preferred Mailing Address

Telephone Number

252-345-0990 home 252 - 209-0280 work

#### Fax Number

#### Vivian Sherrell (Rep. Justice)

From:

Alexander Lyerly [Alexander.Lyerly@nccourts.org]

Sent: To: Friday, January 30, 2004 12:00 PM Vivian Sherrell (Rep. Justice)

Subject:

Commission on Children & Youth Committee

Dear Representative Justice:

This will acknowledge receipt of your letter of January 22, 2004, concerning the meeting scheduled February 5, 2004. I regret to report that it has not been possible for me to re-adjust my Court schedule here to allow me to attend the meeting.

Please be assured that I am most interested in serving on this very important Commission. There are no issues more important to the future of this Great State, than those issues which impact our youth.

I sincerely hope that I will be able to attend all of the subsequent meetings, and apologize for my absence from this up-coming one.

With high esteem and sincerest best wishes, I am,

Respectfully yours,

Alexander Lyerly Chief District Court Judge Judicial District 24



# Legislative Study Commission on Children and Youth

Tuesday, May 4, 2004 10:00 a.m. Room 421, LOB

## **AGENDA**

#### Call To Order

-- Cochairs: Senator Ellie Kinnaird, Presiding

Representative Carolyn Justice Representative Larry Womble

## Approval of minutes - April 7th meeting

#### **Introduction of Speakers**

#### Presentations: Tobacco Prevention and Control

-- Susan W. Spalt
Adjunct Professor, Maternal & Child Health
School of Public Health, UNC-Chapel Hill

# -- Mary Margaret O'Connell

Director of External Relations Medical Review of North Carolina

#### -- Sally H. Malek

Head, Tobacco Prevention & Control Branch Division of Public Health, N.C. Department of Health and Human Services

# -- **George G. Holt**Health Coordinator, Chatham County Schools

-- Chatham County Students

#### **Committee Discussion**

Childhood Obesity
Trafficking of Children

## Adjournment

# Hiding in Plain Sight

A Practical Guide to Identifying Victims of Trafficking in the U.S.

With particular emphasis on victims of sexual trafficking as defined by the Trafficking Victims Protection Act 2000

Donna M. Hughes Professor & Carlson Endowed Chair Women's Studies Program University of Rhode Island

October 2003

"If you look, you'll find them" - Laura Lederer

This practical guide focuses on identifying victims of sexual trafficking, meaning they have been trafficked for commercial sex acts, such as prostitution or other forms of sexual exploitation, such as stripping, lap dancing, or production of pornography. Although there are commonalities between victims of sexual and labor trafficking, there are sufficient differences to require separate focus. Therefore, this guide does not describe ways to identify victims who have been trafficked for forced labor, such as domestic servants and sweat shop or migrant farm workers.

#### **Key Reference Documents**

Trafficking Victims Protection Act of 2000 <a href="http://thomas.loc.gov/cgi-bin/query/z?c106:H.R.3244.ENR">http://thomas.loc.gov/cgi-bin/query/z?c106:H.R.3244.ENR</a>:

Sex Trafficking of Women in the United States, Janice G. Raymond, Donna M. Hughes, and Carol J. Gomez, Coalition Against Trafficking in Women, March 2001, <a href="http://www.uri.edu/artsci/wms/hughes/sex\_traff\_us.pdf">http://www.uri.edu/artsci/wms/hughes/sex\_traff\_us.pdf</a>

What Sexual Assault and Domestic Violence Service Providers Need to Know about Sex Trafficking, Dianne Post, Arizona Coalition Against Domestic Violence, April 2002

Trafficking in Persons: A Guide for Non-Governmental Organizations, Civil Rights Division, U.S. Department of Justice, <a href="http://www.usdoj.gov/crt/crim/wetf/trafficbrochure.html">http://www.usdoj.gov/crt/crim/wetf/trafficbrochure.html</a>

National Clearinghouse on Child Abuse and Neglect Information, <a href="http://www.calib.com/nccanch/index.cfm">http://www.calib.com/nccanch/index.cfm</a>

## How trafficking is defined

This guide is written to identify victims as defined by the Trafficking Victims Protection Act of 2000 (TVPA), U.S. Federal law. Two states, Washington and Texas, have state anti-trafficking laws. If victims are identified in those two states, arrest and prosecution of traffickers can occur at the state level. In addition, most states and local authorities have laws relating to prostitution and what are often called "sexually oriented businesses"; these laws can also be used prosecute perpetrators at the state and local level.

According to the Trafficking Victims Protection Act of 2000 (TVPA):

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

The TVPA does not enact criminal penalties against traffickers or provide for services to victims unless acts of sex trafficking meet the criteria of "severe form of trafficking in persons."

"Severe forms of trafficking in persons" means (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Definitions of key terms used in "severe forms of trafficking in persons" are:

The term "commercial sex act" means any sex act on account of which anything of value is given to or received by any person.

The term "coercion" means (A) threats of serious harm to or physical restraint against any person; (B) any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or (C) the abuse or threatened abuse of the legal process.

The term "debt bondage" means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.

The term "involuntary servitude" includes a condition of servitude induced by means of (A) any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or (B) the abuse or threatened abuse of the legal process.

The term "peonage" means holding someone against his or her will to pay off a debt.

The TVPA was conceptualized to provide remedies for transnational trafficking and to protect foreign nationals who are trafficked into the U.S. for commercial sex acts or forced labor. The TVPA does not address victims of internal trafficking - meaning U.S. citizens trafficked within the U.S. These victims are often controlled and used for commercial sex acts in the same way as foreign nationals.

#### Identifying Victims as Defined by the Trafficking Victims Protection Act

If a child is under the age of 18 and is being used for a commercial sex act, the child is considered a victim of trafficking; no further criteria must be met. If the person is 18 or over, it must be proven that the person is being used for a commercial sex act by force, fraud, or coercion.

Most victims of sexual trafficking in the U.S. are women and children, particularly girls. There are no known cases of adult men being trafficking for commercial sex acts in the U.S., although this is known to occur in other parts of the world.

The following indicators for identifying victims of trafficking are drawn from research on trafficking and the experience of people who have worked with victims of trafficking. If a person indicates that any of these things have been done to them, there is a possibility that he/she is a victim of trafficking. A victim only has to be subjected to a form of force, fraud, or coercion **once** to meet the definition of trafficking victim. The force, fraud, or coercion does not need to be sustained.

The activities involved in trafficking - the recruitment, harboring, transportation, provision, or obtaining of a person — mean that a wide variety of people are culpable under the TVPA. They include: recruiters, anyone who obtained documents or arranged travel, anyone who assisted with travel, anyone who worked in the brothel, landlords, drivers, guards, assistants who brought meals, accountants, and managers.

Being a relative of the victim does not excuse trafficking activities. If he/she knowingly gave the victim over to a trafficker or assisted in organizing commercial sex acts, he/she is a perpetrator of a serious crime and should be treated accordingly.

For sake of brevity, in the lists below the term **brothel** will be used with the understanding that victims of trafficking may be found in establishments called massage parlors, clubs, bars, saunas, health clubs, strip clubs, escort services, etc.

The following are examples and indicators of force, coercion, and fraud that are used by pimps and traffickers to control victims used for commercial sex acts. Some of them may not be enough in and of themselves to meet the legal standard for trafficking, but they should be considered signs that a victim is under the control of someone else and indicate that further investigation is needed.

#### **Examples of Force**

Kidnapping or recapture of an escaping victim

Buying and selling of a victim from a recruiter to trafficker to pimp

Battering, including hitting, kicking, pushing

Torture, such as burning with cigarettes

Threats with weapons

Rape, sexual abuse, and harassment (Unless the woman is fully consenting to the commercial sex acts, each act of prostitution should be considered to be a sexual assault.)

Imprisonment, confinement, or kept under guard or electronic surveillance

Use of restraints, such as being tied up

Denial of food or water

Denial of medical care or medications

Denial of contraceptives or condoms

Forced pregnancy or abortion

Forced to give up custody of children

Forced into humiliating or compromising situations so that photographs or videos can be made (These images may be used to coerce the victim into cooperating with pimps or risk exposure to friends, family, or police if the act is illegal.)

Forced use of drugs or denial of drugs once a victim is addicted

Forced participation in acts of violence against other victims

Forced to lie to friends and family about their safety, well being, and whereabouts

Forced to lie to men in the brothel that they are consenting, enjoy their "work," and earn large sums of money

#### Indications of Force

Injuries from weapons, such as knives, guns, clubs; visible injuries or scars, such as cuts, bruises, burns or rope burns; head, face, and mouth injuries from being struck in the head and face.

Brands or scaring indicating ownership

Untreated illnesses or infections, particularly sexually transmitted diseases; general poor health; diseases associated unhygienic living conditions, such as tuberculosis

Emotional distress and psychological manifestations of trauma, such as depression, anxiety, post-traumatic stress, self-inflicted injuries, and suicide attempts

Inappropriate or shifting loyalty to an abuser resulting from the perpetrator's systemic control of the victim through alternating violence, threats, and rewards; i.e. manipulation, indoctrination, Stockholm syndrome, brainwashing, traumatic bonding

No English language skills or knowledge of how to move about and live in the local community

Living on the same premises as the brothel or driven between the brothel and living quarters by a guard. Living quarters locked, under electronic surveillance or guarded

Heavy security at the brothel, barred windows, locked doors, isolated location; women never seen leaving the premises unless accompanied by someone

Restricted public access to brothel: Access allowed only to members of a particular ethnic community, gang, or worker group; advertisement of the brothel only through word of mouth or foreign language publications

Woman kept under surveillance when she is taken to a doctor, hospital, or clinic for treatment; pimp or a minder may act as translator

Moved with other women on a circuit of brothels

Signs usually associated with domestic violence: pimps/traffickers are sometimes

"boyfriends," "partners," or members of the victim's family

Victim is provided with an attorney or bail by the pimp/trafficker in order to control her testimony or get her released into the custody of the pimp/trafficker

#### **Examples of Coercion**

Debt bondage: Victim is required to engage in a certain number of commercial sex acts or earn a certain sum of money before she can leave

Threats of serious harm to the woman or her friends and family at home

Control of her children

Trafficker/pimp controls all her contacts with family, friends, or people outside the brothel

Photographing or videotaping the victim in compromising or illegal situations, then threatening her with exposure to friends, family, or police; threatening to post pornographic images of the victim on the Internet or send them to family members

Identity and travel documents, such as passport and visa, taken away

Forced to watch pornography in order learn prostitution or stripping

Manipulation of the victim's earning ability, so a woman who voluntarily engages in jobs such as hostess or dancer finds she has to engage in prostitution to earn enough money to repay a debt or buy food

Punishment of another woman (including beatings, rapes, mutilations, even murder) in front of other victims to demonstrate what happens to those who do not obey

Denial of clothing or clothing other than "sex industry costumes" so woman is reluctant to leave the premises

Trafficker/pimp controls all money, including that which belongs to the woman

Fines for rule violations in the brothels

Involvement of the victim in criminal activity, such as a drug courier or manufacture of drugs

Quotas for amount of money that must be earned or number of commercial sex acts each day

Victim sees evidence of police or official corruption or collaboration with pimp/trafficker

Threats to turn the woman over to the authorities with expectation that she will be imprisoned or treated harshly

Threats to have the woman deported with expectation that upon arrival home she or her family will be harmed

Threats to harm the woman or her family if she reveals anything about the trafficking operation

Verbal or psychological abuse that intimidates, degrades, and frightens the victim

#### Indications of Coercion

Woman is not in possession of identity or travel documents Woman is fearful of police or officials False accusations of abuse or neglect, particularly of children, or criminal activity are made about the victim

Signs of threats usually associated with sexual harassment or stalking

#### **Examples of Fraud**

Promises of valid immigration or travel documents, such as a green card and work permit

Woman instructed to use false or counterfeit identity and travel documents

Woman signed a contract to do legitimate work

Victim is required to do work that is different than what was originally described

Promises of money, salary, or earnings that never materialize or only sporadically

Misrepresentation of work or conditions of work

#### Indications of Fraud

Victim was lied to about any aspect of her travel, employment, living conditions, or treatment

Woman does not know how identity or travel documents were obtained or was escorted through the process

Someone else obtained all official documents

Someone else made all travel arrangements

Woman was coached on what to say to officials

Woman does not know or understand the terms of the contract she signed. Contract was in a language she could not read. Terms of contract are illegal under general business practices (See Appendix A)

Woman had to pay a fee to someone to arrange travel and transportation

Woman was smuggled across borders

This list should not be used as a questionnaire for potential victims. Talking about traumatic experiences can be very difficult, and victims have little reason to trust people. People working with victims of trafficking have found that multiple interviews are often needed to establish trust with a victim and educate her about the concept of trafficking and her rights not to be controlled and compelled into prostitution or other commercial sex acts.

# Where and How to Find Victims of Trafficking

Given the violence, coercion, and schemes used by traffickers and pimps and the relative powerlessness of victims, activists and service providers will have to actively search out victims of trafficking. To date, several cases of trafficking have been uncovered after victims escaped and came to the police, but most victims will not be able to escape or seek assistance. Many victims are physically unable to leave the brothels without an escort and are not free to contact outside people.

Traffickers and pimps frequently tell victims that they will receive harsh treatment from law enforcement or immigration officials if they are discovered. Other victims are unaware of their rights not be exploited for commercial sex acts or are held in debt bondage. Victims are not likely to know that contracts they signed are not legal or binding. Family loyalty, cultural practices, or political suppression in their home countries also hinder victims from seeking relief from exploitation and abuse.

As indicated by the title of this guide, victims are often hiding in plain sight. Victims of sexual trafficking can be found in all types of establishments and locations that offer commercial sex acts, i.e. prostitution, production of pornography, and stripping, or lap dancing. These establishments are known as massage parlors, escort services, spas, clubs, strip clubs, adult bookstores, bars, nightclubs, apartments, and modeling studios. Victims of trafficking can be found in rural, suburban, and urban settings; in residential housing, commercial buildings, trailers, on the street, or even in open fields. <sup>1</sup>

The following are some of the places and ways that activists and service providers can find victims.

Public Advertisements: Although prostitution is illegal in all states with the exception of several counties in Nevada, pimps and traffickers depend on advertising to the public to attract men and make money. Most of the illegal sex industries in the U.S. publicly advertise their criminal activity. In newspapers, tabloids, local community newspapers, and free advertising guides in adult bookstores, there are many advertisements that boast of having women of different ethnicities, nationalities, and races.

In Anchorage, Alaska, law enforcement officials investigated an advertisement offering Russian women at a local strip club. They uncovered a case in which seven Russian women and girls (two were aged 16 and 17) were forced to strip and perform table dancing in a club.<sup>2</sup>

The yellow pages telephone book usually has listings for massage parlors and escort services. Individuals and groups trying to find trafficking victims can start by looking at these public advertisements and locating establishments or operations where commercial sex acts are taking place. Strategies can then be formulated for how to follow-up.

Online Forums for Men: There are a number of online forums for men's review of women in prostitution and strip clubs. By reading the men's self reports, likely victims of trafficking can be identified. Because the objective of these sites is for men to exchange information on where to find women for prostitution, they usually give the name of the establishment, the address, and sometimes the telephone number. Although the particular woman described by the man may not be found, these forums should help identify establishments where other victims can be found.

The following are excerpts from men's online descriptions of women they bought in brothels that indicate that the women may be trafficked:

"She is from Argentina. I ... tried to talk to her, but she hardly spoke any English."

"The place was a total dump. ... there were only one or two girls, chubby or skinny

Women and girls trafficked from Mexico are known to be prostituted by pimps in reed caves constructed in the open fields around San Diego. See: Thomas Larson, "Reina's Story: A Mexican girl forced into prostitution," San Diego Reader, 7 August 2003.

<sup>&</sup>lt;sup>2</sup> Sheila Toomey, "INS accuses four strippers for cultural excesses," Anchorage Daily News, 6 January 2001.

Hispanics who barely spoke English."

"Korean women ... new immigrants - inexperienced."

Indications that women are newly arrived and can speak very little English are signs that the women may be trafficked. Also, women's "lack of experience" or lack of knowledge on how to perform sex acts are indications that the women recently have been thrust into the situation. Men's reviews of women they bought in prostitution also give hints that women are unwillingly engaging in prostitution. Men usually describe the women's resistance as a negative performance on the woman's part, such as "she did things reluctantly," she was "unenthusiastic," or she had "an attitude." These reports can be indications that the woman is being forced, coerced, or in need of assistance.

Vice Units of Municipal or Local Police Departments: The officials who are most likely to come into contact with trafficking victims are police officers in the vice units of police departments. Most victims of trafficking are treated as criminals at the local level. Local law enforcement personnel are usually not able to determine a woman's true identity or the woman or girl's true age, and therefore accept the identification (often a driver's license that isn't hard to obtain) that is presented. Some members of vice units recognize that women are being victimized in the brothels they raid. They are often aware of how pimps control and exploit women and children, but do not have the mandate or resources to treat them as victims. Individuals or groups interested in identifying trafficking victims should work with sympathetic police officers to educate them about the federal anti-trafficking law, develop screening techniques to identify victims, and provide services to women and children who are arrested.

Hospital Emergency Rooms, Health and Abortion Clinics: Victims of trafficking suffer the same types of injuries as victims of domestic battering and rape. They frequently contract sexually transmitted infections, often multiple times. Victims also become pregnant when men or pimps rape them or refuse to use condoms. Indicators listed in the earlier section of this guide should be used to identify possible victims of trafficking. Health care workers or emergency room personnel should not assume that women or children are voluntarily engaged in prostitution. All patients who are suspected trafficking victims should be interviewed without the presence of anyone who accompanied them to the hospital or clinic. Workers in abortion clinics should be aware that women in prostitution are sometimes forced by pimps to have abortions.

HIV/AIDS Outreach Programs: HIV/AIDS prevention workers frequently come in contact with victims of trafficking. For public health workers prevention of HIV/AIDS and other sexually transmitted infections are the priorities. Aid workers are usually trained to adopt a "non-judgmental" attitude to prostitution and a "harm reduction" approach that prioritizes education and condom distribution over ending trafficking. Consequently, aid workers may overlook evidence of violence and coercion and miss identifying trafficking victims. Activists should work with HIV/AIDS outreach programs to educate them on the harm of trafficking and assist them to set identifying victims of trafficking as a priority in their outreach.

Immigrant/Ethnic Community Groups: Members of immigrant or ethnic communities, particularly men, often know about brothels with women from their country of origin. Frequently, only that community knows this information. In some ethnic communities, the use of "lower class" women in

prostitution is accepted or ignored by the wider community that does not recognize the harm suffered by victims of trafficking. Members of these communities are often reluctant to expose illegal activity because they think it reflects badly on their own ethnic group or community. In addition, traffickers may also be smugglers or businessmen who have assisted members of the community to come to the U.S. This assistance instills loyalty to the traffickers and causes the community to overlook their criminal activity.

In Berkeley, California, a wealthy prominent landlord originally from India was discovered using fraudulent visas, sham marriages and fake identities to bring men, women, and children to the U.S. He brought dalit (the lowest caste in India) girls to the US for his own sexual use. Over a 13-year period, he had assisted many Indians to come to the U.S. and spent money to build schools and public services in his home region in India. Because of the assistance he gave to people wanting to come to the US, his exploitation of people in his businesses and for sexual purposes was ignored or excused; many remained loyal to him.<sup>3</sup>

Increasingly, ethnic community groups are recognizing the harm of trafficking. Activists and service providers should contact community organizations to find out how they can work together to combat trafficking. Cooperative efforts with ethnic community leaders will assist in identifying victims and decrease the likelihood of backlash or resistance to identifying victims.

Locations with large numbers of single, transient men: Pimps traffic victims to locations where there are large number of men who are single and/or transient. In these circumstances men are more likely buy a woman or girl because they think they are anonymous and less likely to be caught. Examples of these locations are: military bases, truck stops, migrant or seasonal worker camps, convention centers, sports events, and tourist destinations.

Community Informants: Knowledge about where to find women and children for commercial sex acts is usually an open secret in most communities and cities. Although this information is rarely discussed in public, especially in front of women, many people in service jobs who come in contact with the public have information about where to find women, children, particular populations, and special types of sex acts. Taxi drivers, bar tenders, and doormen frequently gather this type of information and disperse it when asked by men in search of prostitution. They can be asked for information about specific national, racial, or ethnic groups that may lead to trafficking victims. Men who buy women and children in prostitution will also know where there are likely victims.

Traffickers Involvement in Other Criminal Activity: Traffickers and those involved in the recruitment, harboring, transportation, provision of victims are frequently involved in other criminal activity such as drug trafficking, immigration fraud, racketeering, tax evasion, bank fraud, money laundering, illegal gambling, auto theft, gun dealing, robbery, child pornography and obscenity trafficking, extortion and assault. Any illegal activity in or related to the sex industry should trigger a search for trafficking victims in associated establishments.

## Who Should Report Suspected Cases of Trafficking

There are a number of people who may come in contact with victims of trafficking. Anyone can report suspected cases of trafficking, and some people are mandated by law to report abuse. If the

<sup>&</sup>lt;sup>3</sup> Anita Chabria, "His Own Private Berkeley," http://www.lats.com, November 25, 2001.

victim is a child (under the age of 18), each State in the U.S. mandates that certain people report suspected cases of abuse or neglect: law enforcement officers, health care workers, social workers, mental health professionals, and school personnel. Some States also mandate commercial film or photograph processors and substance abuse counselors to report abuse and neglect. Four States--Alaska, Arkansas, Connecticut, and South Dakota--include domestic violence service providers on the list of mandated reporters. Approximately eighteen States require all citizens to report suspected abuse. For specific information, see Statutes At a Glance <a href="http://www.calib.com/nccanch/pubs/sag/manda.pdf">http://www.calib.com/nccanch/pubs/sag/manda.pdf</a>

Suspected cases of trafficking can be reported to the toll-free Trafficking in Persons and Worker Exploitation Task Force hot line at (888) 428-7581 (voice and TTY) or the local U.S. Attorney's office. At this point, most local and state law enforcement officials are unaware of the new law or even the concept of trafficking in persons. Traditionally, they have been taught that all parties involved in prostitution are criminals and should be treated accordingly. Also, most immigration officers only see illegal foreign nationals as illegal immigrants. This lack of awareness is starting to change, but still most victims of trafficking go undetected and are deported after they come to the attention of police or immigration. Advocates for victims of trafficking are encouraged to educate all authorities and professionals they deal with about trafficking.

#### **Services for Victims of Trafficking**

All persons who have been identified as possible victims of trafficking are entitled to the following: emergency shelter and food, emergency medical assistance, translation services, and counseling and legal assistance. Victims of severe forms of trafficking are entitled to additional services and a temporary residence visa, but they must go through an evaluation and application process to determine their eligibility. Victims will need assistance through this process and trained anti-trafficking advocates will be able to guide the victim through this process. If the victim is certified to be a victim of a severe form of trafficking, he or she will be eligible for the same services as a refugee or victim of other federal crimes. Victims may be placed in the federal witness protection program.

For more information on services for victims and the application process for obtaining these services, see "Trafficking in Persons: A Guide for Non-Governmental Organizations," issued by the Civil Rights Division of the U.S. Department of Justice. The Polaris Project web site (http://www.humantrafficking.com) has more information and applications.

Legislative Study Commission on Children & Youth March 3, 2004

# Excerpts from *The Girls Next Door*By Peter Landesman Appearing in NY Times Magazine, January 25, 2004

On a tip, the Plainfield police raided the house in February 2002, expecting to find illegal aliens working an underground brothel. What the police found were four girls between the ages of 14 and 17. They were all Mexican nationals without documentation. But they weren't prostitutes; they were sex slaves. The distinction is important: these girls weren't working for profit or a paycheck. They were captives to the traffickers and keepers who controlled their every move. "I consider myself hardened," Mark J. Kelly, now a special agent with Immigration and Customs Enforcement (the largest investigative arm of the Department of Homeland Security), told me recently. "I spent time in the Marine Corps. But seeing some of the stuff I saw, then heard about, from those girls was a difficult, eyeopening experience."

Because of the porousness of the U.S.-Mexico border and the criminal networks that traverse it, the towns and cities along that border have become the main staging area in an illicit and barbaric industry, whose "products" are women and girls. On both sides of the border, they are rented out for sex for as little as 15 minutes at a time, dozens of times a day. Sometimes they are sold outright to other traffickers and sex rings, victims and experts say. These sex slaves earn no money, there is nothing voluntary about what they do and if they try to escape they are often beaten and sometimes killed.

Last September, in a speech before the United Nations General Assembly, President Bush named sex trafficking as "a special evil," a multibillion-dollar "underground of brutality and lonely fear," a global scourge alongside the AIDS epidemic. Influenced by a coalition of religious organizations, the Bush administration has pushed international action on the global sex trade. The president declared at the U.N. that "those who create these victims and profit from their suffering must be severely punished" and that "those who patronize this industry debase themselves and deepen the misery of others. And governments that tolerate this trade are tolerating a form of slavery."

In fact, the United States has become a major importer of sex slaves. Last year, the C.I.A. estimated that between 18,000 and 20,000 people are trafficked annually into the United States. The government has not studied how many of these are victims of sex traffickers, but Kevin Bales, president of Free the Slaves, America's largest anti-slavery organization, says that the number is at least 10,000 a year. John Miller, the State Department's director of the Office to Monitor and Combat Trafficking in Persons, conceded: "That figure could be low. What we know is that the number is huge." Bales estimates that there are 30,000 to 50,000 sex slaves in captivity in the United States at any given time. Laura Lederer, a senior State Department adviser on trafficking, told me, "We're not finding victims in the United States because we're not looking for them."

Gary Haugen, president of the International Justice Mission, an organization based in Arlington, Va., that fights sexual exploitation in South Asia and Southeast Asia, says: "Sex trafficking isn't a poverty issue but a law-enforcement issue. You can only carry out this trade at significant levels with the cooperation of local law enforcement. In the developing world the police are not seen as a solution for anything. You don't run to the police; you run from the police."

A Ukrainian sex-trafficking ring force-marches young women through here, McDaniel told me. In high heels and seductive clothing, the young women trek 12 miles to Highway 94, where panel trucks sit waiting. McDaniel listed the perils: rattlesnakes, dehydration and hypothermia. He failed to mention the traffickers' bullets should the women try to escape.

"If a girl tries to run, she's killed and becomes just one more woman in the desert," says Marisa B. Ugarte, director of the Bilateral Safety Corridor Coalition, a San Diego organization that coordinates rescue efforts for trafficking victims on both sides of the border. "But if she keeps going north, she reaches the Gates of Hell."

One girl who was trafficked back and forth across that border repeatedly was Andrea. "Andrea" is just one name she was given by her traffickers and clients; she doesn't know her real name. She was born in the United States and sold or abandoned here -- at about 4 years old, she says -- by a woman who may have been her mother. (She is now in her early to mid-20's; she doesn't know for sure.) She says that she spent approximately the next 12 years as the captive of a sex-trafficking ring that operated on both sides of the Mexican border. Because of the threat of retribution from her former captors, who are believed to be still at large, an organization that rescues and counsels trafficking victims and former prostitutes arranged for me to meet Andrea in October at a secret location in the United States.

In a series of excruciating conversations, Andrea explained to me how the trafficking ring that kept her worked, moving young girls (and boys too) back and forth over the border, selling nights and weekends with them mostly to American men. She said that the ring imported -- both through abduction and outright purchase -- toddlers, children and teenagers into the U.S. from many countries.

"The border is very busy, lots of stuff moving back and forth," she said. "Say you needed to get some kids. This guy would offer a woman a lot of money, and she'd take birth certificates from the U.S. -- from Puerto Rican children or darker-skinned children -- and then she would go into Mexico through Tijuana. Then she'd drive to Juarez" -- across the Mexican border from El Paso, Tex. -- "and then they'd go shopping. I was taken with them once. We went to this house that had a goat in the front yard and came out with a 4-year-old boy." She remembers the boy costing around \$500 (she said that many poor parents were told that their children would go to adoption agencies and on to better lives in America). "When we crossed the border at Juarez, all the border guards wanted to see was a birth certificate for the dark-skinned kids."

Andrea told me she was transported to Juarez dozens of times. During one visit, when she was about 7 years old, the trafficker took her to the Radisson Casa Grande Hotel, where there was a john waiting in a room. The john was an older American man, and he read Bible passages to her before and after having sex with her. Andrea described other rooms she remembered in other hotels in Mexico: the Howard Johnson in Leon, the Crowne Plaza in Guadalajara. She remembers most of all the ceiling patterns. "When I was taken to Mexico, I knew things were going to be different," she said. The "customers" were American businessmen. "The men who went there had higher positions, had more to lose if they were caught doing these things on the other side of the border. I was told my purpose was to keep these men from abusing their own kids." Later she told me: "The white kids you could beat but you couldn't mark. But with Mexican kids you could do whatever you wanted. They're untraceable. You lose nothing by killing them."

Montserrat said that she didn't leave that apartment for the next three months, then for nine months after that, Alejandro regularly took her in and out of the apartment for appointments with various johns.

In the past several months, I have visited a number of addresses where trafficked girls and young women have reportedly ended up: besides the house in Plainfield, N.J., there is a row house on 51st Avenue in the Corona section of Queens, which has been identified to Mexican federal preventive police by escaped trafficking victims. There is the apartment at Barrington Plaza in the tony Westwood section of Los Angeles, one place that some of the Komisaruk/Mezheritsky ring's trafficking victims ended up, according to Daniel Saunders, the assistant U.S. attorney who prosecuted the ring. And there's a house on Massachusetts Avenue in Vista, Calif., a San Diego suburb, which was pointed out to me by a San Diego sheriff. These places all have at least one thing in common: they are camouflaged by their normal, middle-class surroundings.

I.J.M.'s president, Gary Haugen, says: "It's the easiest kind of crime in the world to spot. Men look for it all day, every day."

But border agents and local policemen usually don't know trafficking when they see it. The operating assumption among American police departments is that women who sell their bodies do so by choice, and undocumented foreign women who sell their bodies are not only prostitutes (that is, voluntary sex workers) but also trespassers on U.S. soil. No Department of Justice attorney or police vice squad officer I spoke with in Los Angeles -- one of the country's busiest thoroughfares for forced sex traffic -- considers sex trafficking in the U.S. a serious problem, or a priority. A teenage girl arrested on Sunset Strip for solicitation, or a group of Russian sex workers arrested in a brothel raid in the San Fernando Valley, are automatically heaped onto a pile of workaday vice arrests.

The basement, Andrea said, held as many as 16 children and teenagers of different ethnicities. She remembers that it was underneath a house in an upper-middle-class neighborhood on the West Coast. Throughout much of her captivity, this basement was where she was kept when she wasn't working. "There was lots of scrawling on the walls," she said. "The other kids drew stick figures, daisies, teddy bears. This Mexican boy would draw a house with sunshine. We each had a mat."

All the girls I spoke to said that their captors were both psychologically and physically abusive. Andrea told me that she and the other children she was held with were frequently beaten to keep them off-balance and obedient. Sometimes they were videotaped while being forced to have sex with adults or one another. Often, she said, she was asked to play roles: the therapist's patient or the obedient daughter. Her cell of sex traffickers offered three age ranges of sex partners --toddler to age 4, 5 to 12 and teens -- as well as what she called a "damage group." "In the damage group they can hit you or do anything they wanted," she explained. "Though sex always hurts when you are little, so it's always violent, everything was much more painful once you were placed in the damage group.

"They'd get you hungry then to train you" to have oral sex, she said. "They'd put honey on a man. For the littlest kids, you had to learn not to gag. And they would push things in you so you would open up better. We learned responses. Like if they wanted us to be sultry or sexy or scared. Most of them wanted you scared. When I got older I'd teach the younger kids how to float away so things didn't hurt."

Kevin Bales of Free the Slaves says: "The physical path of a person being trafficked includes stages of degradation of a person's mental state. A victim gets deprived of food, gets hungry, a little dizzy and sleep-deprived. She begins to break down; she can't think for herself. Then take away her travel documents, and you've made her stateless. Then layer on physical violence, and she begins to follow orders. Then add a foreign culture and language, and she's trapped."

Then add one more layer: a sex-trafficking victim's belief that her family is being tracked as collateral for her body. All sex-trafficking operations, whether Mexican, Ukrainian or Thai, are vast criminal underworlds with roots and branches that reach back to the countries, towns and neighborhoods of their victims.

"There's a vast misunderstanding of what coercion is, of how little it takes to make someone a slave," Gary Haugen of International Justice Mission said. "The destruction of dignity and sense of self, these girls' sense of resignation. . . . " He didn't finish the sentence.

"The girls can't leave," Mamacita said. "They're always being watched. They lock them into apartments. The fear is unbelievable. They can't talk to anyone. They are always

hungry, pale, always shaking and cold. But they never complain. If they do, they'll be beaten or killed."

Rosario, a woman I met in Mexico City, who had been trafficked to New York and held captive for a number of years, said: "In America we had 'special jobs.' Oral sex, anal sex, often with many men. Sex is now more adventurous, harder." She said that she believed younger foreign girls were in demand in the U.S. because of an increased appetite for more aggressive, dangerous sex. Traffickers need younger and younger girls, she suggested, simply because they are more pliable. In Eastern Europe, too, the typical age of sex-trafficking victims is plummeting; according to Matei of Reaching Out, while most girls used to be in their late teens and 20's, 13-year-olds are now far from unusual.

Immigration and Customs Enforcement agents at the Cyber Crimes Center in Fairfax, Va., are finding that when it comes to sex, what was once considered abnormal is now the norm. They are tracking a clear spike in the demand for harder-core pornography on the Internet. "We've become desensitized by the soft stuff; now we need a harder and harder hit," says I.C.E. Special Agent Perry Woo. Cybernetworks like KaZaA and Morpheus / through which you can download and trade images and videos -- have become the Mexican border of virtual sexual exploitation. I had heard of one Web site that supposedly offered sex slaves for purchase to individuals. The I.C.E. agents hadn't heard of it. Special Agent Don Daufenbach, I.C.E.'s manager for undercover operations, brought it up on a screen. A hush came over the room as the agents leaned forward, clearly disturbed. "That sure looks like the real thing," Daufenbach said. There were streams of Web pages of thumbnail images of young women of every ethnicity in obvious distress, bound, gagged, contorted. The agents in the room pointed out probable injuries from torture. Cyberauctions for some of the women were in progress; one had exceeded \$300,000. "With new Internet technology," Woo said, "pornography is becoming more pervasive. With Web cams we're seeing more live molestation of children." One of I.C.E.'s recent successes, Operation Hamlet, broke up a ring of adults who traded images and videos of themselves forcing sex on their own young children.

But the supply of cheap girls and young women to feed the global appetite appears to be limitless. And it's possible that the crimes committed against them in the U.S. cut deeper than elsewhere, precisely because so many of them are snared by the glittery promise of an America that turns out to be not their salvation but their place of destruction.

#### **ENDGAME**

Typically, a young trafficking victim in the U.S. lasts in the system for two to four years. After that, Bales says: "She may be killed in the brothel. She may be dumped and deported. Probably least likely is that she will take part in the prosecution of the people that enslaved her."

Who can expect a young woman trafficked into the U.S., trapped in a foreign culture, perhaps unable to speak English, physically and emotionally abused and perhaps drug-

addicted, to ask for help from a police officer, who more likely than not will look at her as a criminal and an illegal alien? Even Andrea, who was born in the United States and spoke English, says she never thought of escaping, "because what's out there? What's out there was scarier. We had customers who were police, so you were not going to go talk to a cop. We had this customer from Nevada who was a child psychologist, so you're not going to go talk to a social worker. So who are you going to talk to?"

And if the girls are lucky enough to escape, there's often nowhere for them to go. "The families don't want them back," Sister Veronica, a nun who helps run a rescue mission for trafficked prostitutes in an old church in Mexico City, told me. "They're shunned."

When I first met her, Andrea told me: "We're way too damaged to give back. A lot of these children never wanted to see their parents again after a while, because what do you tell your parents? What are you going to say? You're no good."



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### **CHAPTER 3**

### OTHER MODELS OF MULTIJURISDICTIONAL TEAMS

The SAFE Team in the Central District of California represents a very structured and well-supported model for multijurisdictional collaboration in investigating child sexual exploitation cases over a large geographic area. It may be perceived somewhat as an ideal toward which other agencies should strive in their efforts to improve the response to these cases. This chapter turns the focus toward three other multijurisdictional teams representing alternative structures and resources. Their experiences may be instructive to readers whose teams are in varying levels of development or are operating in environments with varying levels of support.

The Chicago Federal Exploitation Strike Force offers a unique historical perspective on changing priorities within law enforcement and the community. The Massachusetts Child Exploitation Network illustrates an approach that operates on a shoestring, yet has raised awareness of child sexual exploitation among law enforcement personnel and victim service professionals while assembling a core of highly experienced team members who actively pursue relevant cases. Similarly, the South Florida LEACH Team (Law Enforcement Effort Against Child Harm) lacks dedicated resources for its efforts, but has identified several very motivated and skilled investigators to tackle these difficult cases. Each of these teams is briefly described below.

### FEDERAL CHILD EXPLOITATION STRIKE FORCE, CHICAGO

The Federal Child Exploitation Strike Force has been operating out of the US Postal Inspector's Office in Chicago for about ten years. It originated when several law enforcement officers from different agencies realized that they were independently investigating many of the same cases, and that such duplication of effort was both costly and counterproductive. In the early years of the Strike Force, there were seven investigators detailed from several law enforcement agencies around the Chicago/Cook County area, including the Cook County Sheriff's Police, Chicago Police Department, and Illinois State Police (in addition to the US Postal Inspector).

Today, the Strike Force consists of only two full-time investigators: the US Postal Inspector and a detective with the Cook County Sheriff's Office. However, strong links remain with the Chicago Police Department, Illinois State Police, other surrounding police departments, and the FBI. These agencies are called upon when needed, depending on the nature of the investigation. The Strike Force estimates that 85-90 percent of its cases are self-generated.

At its inception, the Strike Force specialized in proactive, undercover investigations of juvenile prostitution which, at the time, was readily visible in certain sections of Chicago. The Strike Force devoted considerable effort to identifying and arresting pimps. Working with Maryville Academy, a large child-serving organization sponsored by the Catholic Church, a witness protection program was established whereby youth involved in prostitution were housed in group facilities located in a remote area in Wisconsin. Intensive counseling and court advocacy services were provided to help young victims in their resolve to testify against their pimps.

In recent years, juvenile prostitution has been driven underground in Chicago. Maryville Academy no longer maintains special group homes for youth involved in prostitution, and the Strike Force long ago discontinued its street operations.

Since the beginning, child pornography has also been a primary focus of the Strike Force. Through covert mail correspondence and the use of controlled deliveries, the Strike Force apprehends individuals who seek to send or receive child pornography through the mail. Members of the Strike Force will also arrange face-to-face meetings with offenders who are seeking to obtain children to manufacture their own child pornography. Using both the video- and audiotapes of these meetings, these cases can be prosecuted both federally and within the state. State and local law enforcement officers detailed to the Strike Force have been deputized as US Marshals so they can make arrests on federal charges, operate outside their jurisdictional boundaries, and swear to federal warrants as needed.

Federal pornography cases involving first offenders and no identifiable victims usually result in pretrial diversion with special restrictions, such as participation in counseling, undergoing psychiatric examinations, and surrendering all their equipment. While this outcome does not result in a conviction, it does result in an arrest on the record, fingerprints in the FBI database, and evidence of prior similar crimes—all of which may be helpful to secure convictions if the perpetrator re-offends. When undercover pornography cases involve identifiable victims, the Strike Force relies on children's advocacy centers for interviews and other victim services when appropriate.

The Strike Force is also involved in other cases of child sexual exploitation, such as "rings" involving multiple perpetrators and/or multiple victims. Although these cases seldom involve federal charges, the investigators' expertise in the dynamics of child molesters and pedophiles can be invaluable. These cases are typically prosecuted by the Child Exploitation Unit in the Cook County State's Attorney's Office. This Unit's primary responsibility is handling investigations of sexual abuse occurring in custodial settings, although the written case acceptance policy includes all cases involving child prostitution and pornography, cases generated by the Federal Child Exploitation Strike Force, and cases involving allegations of ritual abuse or multiple victims.<sup>7</sup>

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<sup>&</sup>lt;sup>7</sup> Office of the State's Attorney. (Undated). Case Acceptance Policy. Chicago.

### MASSACHUSETTS CHILD EXPLOITATION NETWORK

A 44-year-old Medford man faces a 187-count federal indictment for sexual exploitation of minors. According to court papers, he enticed young boys to engage in sex acts in his home, where he photographed them. Then, using sophisticated imaging and computer technology, he allegedly transferred the images into a computer bulletin board, where subscribers from anywhere in the world could download them onto their own computers.

Boston Globe, December 17, 1993

This case was the impetus for establishing a statewide network of investigators and victim assistance professionals in Massachusetts, all sharing an interest in crimes against children and particularly, child sexual exploitation. The computer aspect of the case was investigated by a highly-skilled US Customs special agent who for the first time faced a situation involving known child victims. Through his working relationship with local law enforcement, he learned of the multidisciplinary response to child sexual abuse cases, which has been implemented in prosecutors' offices throughout Massachusetts and, indeed, nationwide. He observed the expert interviews conducted by a child interview specialist in the child-friendly atmosphere of a children's advocacy center. And he realized that he and his counterparts in other federal investigative agencies had been totally unaware of this extensive array of victim services that not only address victims' immediate needs for protection and counseling, but also support victims in their resolve to participate in the criminal justice process.

He then embarked on a mission to identify law enforcement professionals who specialize in child exploitation cases in federal, state, and local agencies across Massachusetts. Speaking to new officers in the police academy, to chiefs of police at statewide meetings, to regional and community-based associations of law enforcement officers and victim service providers, he began to build a list of interested and knowledgeable professionals. This list, which ultimately numbered 200, eventually became the membership of the Massachusetts Child Exploitation Network.

Between 1985 and 1989, there had been a fairly active child pornography task force in Boston. In subsequent years, the group had lain dormant after its nominal leader, an Assistant US Attorney, was transferred to another city. But, with the stimulus of this groundbreaking computer case and the Customs agent's motivation, the dormant task force was resurrected in the form of a "steering committee" to guide the outreach and educational aims of the Network. The original group included representatives of the US Customs Service, US Postal Inspection Service, US Attorney's Office, State Police, FBI, Boston Police Department Sexual Assault Unit, another local police department, prosecutors from three counties, and a victim/witness assistant.

In addition to raising awareness and enhancing expertise among law enforcement and victim-serving professionals, the Network's steering committee also sought to improve the capacity for sharing information about incidents and suspects among investigators across the Commonwealth. Working with the State Police, several members of the steering committee identified key data elements to feed into a data base that could be accessed by selected law enforcement professionals assigned to child sexual exploitation investigations. The structure of the data base was modeled after a similar data base that had already been implemented to track gang activity in the state. The data base is now operational in four counties in the central/western part of Massachusetts and will be accessible to Network members in all eleven counties once licensing issues are resolved.

After three years of establishing the Network and solidifying its major goals, the Customs agent was promoted and transferred to work with the Customs Service's child pornography coordinator. At this writing, leadership of the steering committee has transferred to a federal prosecutor from the US Attorney's office in Springfield, who has expressed a commitment to maintaining and expanding the Network towards its mission to improve the response to sexual exploitation of children. Future plans for the Network also include a seven state inter-agency training aimed at instructing experienced sexual assault investigators in the area of sexual exploitation. In the upcoming months, the Network plans to address legislation to re-establish child pornography laws, and to schedule advanced computer crime classes for a group of investigators to improve their capacity to combat child pornography proactively. The Network will continue to work closely with child advocacy centers to promote interdisciplinary/interagency teamwork.

### LAW ENFORCEMENT EFFORT AGAINST CHILD HARM (LEACH) TASK FORCE, SOUTH FLORIDA

The Law Enforcement Effort Against Child Harm Task Force (LEACH) is a voluntary collaboration among law enforcement agencies in the South Florida area to address cases of child sexual exploitation. In 1989, South Florida had a Child Pornography Task Force which used proactive letter writing tactics to pursue pornography cases. The team was subsequently renamed the Child Abuse Intelligence Network, and it focused on making letter writing contacts which would eventually lead to search warrants and face-to-face meetings with perpetrators.

The current LEACH Task Force began in June 1995 when the Broward County Sheriff's Office drafted a memorandum of understanding to combine the missions of several law enforcement agencies in the South Florida region. Issues covered in the MOU included the following:

- purpose of the MOU
- mission of the Task Force:

[to] identify, apprehend, and assist in the prosecution of pedophiles, child abusers, child molesters, and child pornographers involved in computer-related child pornography activity, through covert operations conducted on computer bulletin board systems operating in the local, state, national, and international arenas.

- jurisdiction
- goals and objectives
- · chain of command
- equipment
- records and reports
- procedures
- duration
- asset sharing
- communication with the press

The MOU encompasses the Florida Department of Law Enforcement (FDLE), US Customs Service, US Postal Inspection Service, county sheriff's offices, and local law enforcement. LEACH team members are organizationally located in their separate law enforcement agencies and come together on a quarterly basis for full group meetings.

As articulated in the mission statement, it was clearly the heightened awareness of computer pornography cases which reinvigorated the Task Force and has been the team's primary focus since 1995. One member of the Broward County Sheriff's Office is designated to work these cases on a full-time basis. Because most local police departments lack the technology to proactively pursue computer pornography cases, the Broward County investigator is essentially the only full-time law enforcement officer in the South Florida region actively monitoring cyberspace for child sexual exploitation cases.

Of the cases which come to the group's attention, it is estimated that approximately 20 percent involve identifiable victims. In these cases, LEACH Task Force members generally rely on experienced child abuse investigators in FDLE (the state police) or local jurisdictions to conduct interviews and provide referrals for victim services. Florida is somewhat unusual among the states in requiring young victims to give depositions as part of the pretrial discovery process. To avoid this burden, the LEACH Task Force pursues federal action whenever possible. The relative lenience of state sanctions, compared to federal sanctions, for certain child sexual exploitation offenses provides another incentive to seek federal prosecution.

The LEACH Task Force also emphasizes the need for education within the community to reduce the risk of youth involvement in sexual exploitation. The Broward Sheriff's Office Child Pornography Investigator conducts public awareness presentations using a short video entitled, "Pedophiles: Predators of the Young." At the time of this writing, the Broward Sheriff's Office has over 200 of these videotapes in circulation nationally. Presentations have been made to parent-teacher associations, school teachers, homeowners' associations, city commissioners, law enforcement officers, probation divisions, and court officers (e.g., state attorneys). The topics covered in the presentation often include:

- the existence of the task force
- positive aspects of the information highway
- setting rules for children using computers
- identification of specific on-line strategies used by child molesters
- parental accountability and responsibility
- hand-outs from the Broward County Sheriff's Office and the National Center for Missing and Exploited Children

### **CHAPTER 4**

### ISSUES FOR REPLICATION

The Sexual Assault and Exploitation Felony Enforcement (SAFE) Team in Southern California is one model for organizing numerous agencies with varying resources to maximize the community's response to child sexual exploitation. However, the SAFE Team may be perceived as unusual, for several reasons:

- the availability of "seed money" from the federal government to launch the Team as a Violent Crime Task Force
- the ongoing commitment of all member agencies to provide personnel and resources
- the dedication of Assistant US Attorneys to the work of the Team

Although aspiring multijurisdictional teams elsewhere in the nation may not share these attributes, there are ways to enhance the investigation and prosecution of child sexual exploitation cases. This chapter identifies key features of the SAFE Team's approach and offers alternatives derived from the experiences of the other models that were briefly described in Chapter 3: the Federal Child Exploitation Strike Force in Chicago, the Massachusetts Child Exploitation Network, and the Law Enforcement Effort Against Child Harm (LEACH) Task Force in South Florida.

### ORGANIZATION OF THE MULTIJURISDICTIONAL TEAM

There are essentially three models of multi-agency teams in law enforcement:8

- task force
- strike force
- network

Each model has been applied to the special concerns of investigating and prosecuting child sexual exploitation cases.

<sup>&</sup>lt;sup>8</sup> Child Sexual Exploitation: Improving Investigations and Protecting Victims. A Blueprint for Action (1996). Washington, DC: US Department of Justice, Office for Victims of Crime.

### The Task Force Model

The SAFE Team in Southern California is an example of a formal task force. Team members have been assigned to the Team by their respective agencies; most are detailed full-time, although a few are available on a part-time basis. Most Team members are located in shared space in the Federal building.

There are many advantages to the task force model. Perhaps the most obvious, and most important, is the *explicit dedication of manpower and resources* to the identified problem. Chief executives of all involved agencies agreed that child sexual exploitation is a significant problem in their jurisdiction, and furthermore, that a joint, coordinated response is the most effective way to combat this problem. These individuals recognized the benefits to be gained from sharing expertise and resources toward a common goal of protecting children.

In Southern California, much of the impetus for creating the SAFE Team came from the burgeoning caseload of crimes involving computer pornography, an emerging offense category that required special expertise, both technical and legal. No single agency possessed all the requisite skills, knowledge, and resources to successfully mount a concentrated campaign against this type of crime. Together, however, federal, state, and local agencies could marshal the necessary ingredients and pursue these cases with the level of attention and perseverance they demand.

Similarly, ten years ago in Chicago, investigators from several agencies realized that they were individually—yet simultaneously—working the same child sexual exploitation cases, unaware of each other's involvement because all were working undercover. This lack of knowledge caused the investigators to duplicate efforts in ways that were inefficient and sometimes counterproductive. Consequently, the Federal Child Exploitation Strike Force was created. Housed in the offices of the US Postal Inspector, this group actually functioned as a task force (as we have defined the term). As many as seven investigators were detailed from their respective agencies to concentrate their skills on cases involving child pornography (at that time, primarily transmission through the US mail) and prostitution. In one year, the Chicago Strike Force arrested 111 people and convicted all but one.

Another important benefit of the task force approach is the esprit de corps that it fosters among team members. SAFE Team members celebrate their successes as a group and problem-solve their challenges as a group. Focusing daily on child sexual exploitation can take an emotional toll on investigators, and the SAFE Team places a premium on interpersonal support among its members. While each member must acknowledge individual responsibility for his or her contributions to the team, concerted efforts are

<sup>&</sup>lt;sup>9</sup> Pilant, L. (1990). Protecting the children. State Peace Officers Journal, pp. 82-86.

made to approach each case collectively and to recognize that all members benefit from the work of the group. Because not all people are comfortable working in a team of this sort, willingness to collaborate becomes a critical criterion for recruitment.

A standing task force, like the SAFE Team in Southern California or the Federal Child Exploitation Strike Force in Chicago, is perhaps most feasible in large jurisdictions where the caseload is large enough to warrant special attention, and where law enforcement agencies are sufficiently staffed and equipped to accommodate the dedication of personnel and resources exclusively to the work of the task force. Still, other jurisdictions have found ways to maximize the available manpower and resources when investigating cases of child sexual exploitation. These are described below.

### The Strike Force Model

A strike force differs from a task force in that members are not dedicated exclusively to the work of the team. Rather, members may be assigned by their respective agencies, or they may self-identify, as designated representatives to pursue appropriate cases when they arise. Participating team members are likely to possess specific expertise or a special interest in child sexual exploitation cases.

An example of a functioning strike force is the LEACH Task Force in South Florida. The LEACH Task Force was originally created in response to the growing number of reports involving computer pornography and solicitation of young victims. Under the leadership of the Broward County (Ft. Lauderdale) Sheriff's Department, the LEACH Task Force sought to involve federal investigators (from the Customs and Postal Inspection Services) as well as the Florida Department of Law Enforcement (FDLE), and sheriffs' offices in several smaller counties in their geographic area. Particularly active members of the LEACH Task Force include representatives of the Broward County Sheriff's Department, Manatee County Sheriff's Office, Broward City and State Attorney's Offices, FDLE, and US Customs Service. The investigator from the Broward Sheriff's Office is the only member assigned exclusively to child sexual exploitation cases. Task Force members are not housed together. Once a case is initiated, Task Force members are contacted for their availability to assist as appropriate. In addition, the Task Force periodically comes together as a group to discuss larger issues of policy or protocol.

The major benefit of the strike force model is the capacity to quickly identify and mobilize sources of expertise on an as-needed basis. One major drawback is the absence of financial support committed to the work of the team. Another disadvantage is the ongoing need for each team member to negotiate competing demands on his or her time. Depending on the nature of other cases, child sexual exploitation investigations may be accorded a lesser priority. As the child sexual exploitation caseload intensifies—whether in terms of increasing numbers or increasing visibility—it

may be advantageous to advocate for greater attention to the issue, perhaps in the form of a dedicated task force.

### The Network Model

A network is the most loosely-configured form of team approach to joint investigation. This model is exemplified by the Massachusetts Child Exploitation Network, which was documented in the prior publication, Child Sexual Exploitation: Improving Investigations and Protecting Victims. A Blueprint for Action.<sup>10</sup>

The Massachusetts Child Exploitation Network began as an attempt by a special agent of the US Customs Service, assigned to child pornography investigations, to link investigators with similar interests and skills. A great deal of energy has been devoted to training, educating, and raising awareness among Massachusetts law enforcement personnel and victim service providers about the unique character of child sexual exploitation cases and the need for collaboration. A steering committee guides the Network's outreach efforts; members have included a US Postal Inspector, Assistant US Attorney, several representatives of the State Police, district attorney's offices, local law enforcement agencies, and victim advocates. In practice, members of the steering committee come together as a virtual "strike force" when appropriate cases arise.

The most immediate benefit of the network model is its focus on raising awareness of the problem of child sexual exploitation and recruiting interested professionals to join the multijurisdictional effort to combat it. This function is particularly critical in areas where this offense category has not received much attention. Through its persistent and concerted outreach activities, the Massachusetts Network has identified more than 200 investigators and victim service providers with a special interest in these cases. These contacts become especially useful when emerging cases involve statewide implications.

The principal drawback of the network approach is the absence of resources to support ongoing communication and interaction among the members. The work of the steering committee—planning and carrying out workshops and training presentations—has proceeded on a voluntary basis, although it is certainly pertinent to the primary job functions of committee members (i.e., as prosecutors, victim advocates, or law enforcement personnel). In the absence of resources or official recognition of the network, it can be hard to sustain a concentrated initiative.

<sup>&</sup>lt;sup>10</sup> Child Sexual Exploitation, see note 8.

### LEADERSHIP ISSUES

Among the most sensitive decisions in creating a multijurisdictional team is that of leadership. When federal, state, and local personnel are expected to collaborate, who is in charge?

Chapter 2 delineated a tiered structure for oversight that was adopted for the SAFE Team in Southern California. To recap briefly, general policy oversight is provided by an Executive Committee comprised of high-ranking officials from each participating agency. The FBI has responsibility for general management of the Team, and the day-to-day authority for case assignments and strategic decisions rests with the Team Supervisor, a sergeant from the Los Angeles County Sheriff's Department.

Assigning leadership roles in a multijurisdictional team to one federal and one local law enforcement officer was a rational decision based on relevant qualifications of the available personnel. For the SAFE Team, experience and management skills were the dominant criteria for choosing the Team Supervisor. The selected individual brings many years of experience working child abuse cases and in management. His authority has been vital to maintaining team spirit, cohesion, and direction among professionals who are trained to work independently. The Team Manager brings the FBI's resources, expertise, and connections with FBI field offices nationwide. These contributions, too, are essential to the Team's success.

In other multijurisdictional teams, the leadership role may be filled by virtue of the team's organizational location within a host agency (e.g., the Postal Inspector's Office) or by virtue of an individual's personal commitment to the issue of child sexual exploitation, as in Massachusetts or South Florida, where a single investigator saw a need and created a multijurisdictional team to fill it. The challenge for teams that are energized by the personal dedication of a single individual is to maintain the momentum when that individual is transferred, retires, or otherwise leaves his or her position and can no longer lead the team. If the team has a solid base of collaborative experience, and someone else is sufficiently inspired, the transition to new leadership should be relatively smooth. Written protocols guiding a team's operations can also be helpful in these circumstances.

### INSTITUTIONAL SUPPORT

An ongoing challenge for many multijurisdictional initiatives is securing and maintaining the support of chief executives from participating agencies. Especially in communities that are plagued by daily crises of violent crime, it may be hard to capture the attention of top management for a category of offense which is largely invisible to the public and may demand considerable allocation of manpower and resources for lengthy undercover investigations. Furthermore, the expectation of multijurisdictional

collaboration, with its corollary need to overlook interagency rivalries, may seem insurmountable to some executives. How do effective teams overcome this potential roadblock?

"Nothing succeeds like success." Perhaps the most effective way to generate and maintain support for a team's operations is by documenting and demonstrating its achievements. The SAFE Team keeps member agencies informed of the Team's activities and accomplishments in several ways:

- The Team prepares monthly summaries of all cases and activities for its Executive Committee. These summaries include updates on every case that the Team investigates. They also help to underscore the unique characteristics of child sexual exploitation cases and the importance of bringing together a variety of expertise and resources, in the form of the SAFE Team.
- The SAFE Team meets quarterly with the Executive Committee to report on its achievements, discuss its plans, and answer any questions or concerns that Committee members may have about the Team.
- Although the Team accepts cases from law enforcement agencies throughout the Central District of California, priority is given to cases from member agencies whenever possible.
- The Team's Memorandum of Understanding (MOU) resolves areas of possible disagreement among member agencies that could diminish the effectiveness of the task force or the ability of its members to work collaboratively. Topics covered in the MOU include the following:
  - —purpose of the Team
  - —composition of the Team
  - -establishment of the Executive Committee
  - -chain of command
  - -assignment of investigative matters
  - -maintenance of records and reports
  - —policy that member agencies will not take actions that overlap with team investigations
  - —deputation of local officers
  - —procedures in critical incidents

- —use of informants
- -media policy
- -duration of the Team

Also, both the SAFE Team and the Federal Child Exploitation Strike Force in Chicago frequently accept unusually complicated or sensitive child sexual abuse cases at the request of participating agencies. Such cases may involve multiple victims and multiple perpetrators, for example, or difficult investigations in a day care setting. While cases like these may not have multijurisdictional implications, the investigations benefit from the special expertise and resources available from the teams. The teams, in turn, benefit from the good will that is generated by their contributions to other agencies.

In a less-formal team like the Massachusetts Child Exploitation Network or the South Florida LEACH Task Force, one of the most effective indicators of support is official recognition of the group's efforts, or even of an individual's efforts on behalf of the group. In the absence of an explicit allocation of resources for the team, a meaningful form of recognition might be an announcement or letter of appreciation from the US Attorney, Special Agent in Charge, Chief of Police, or county prosecutor—with copies to the executives of other participating agencies. Because the work of team members is largely voluntary, it is important to acknowledge contributions that exceed normal expectations of their jobs.

### CASES TARGETED

The current rush of interest in child sexual exploitation reflects the public outcry against the relatively new phenomenon of child molesters and pedophiles who pursue their interests via computer technology. Consequently, the more recently established teams—including the SAFE Team, the South Florida LEACH Task Force, and the Massachusetts Child Exploitation Network—were launched, in part, to mobilize law enforcement capacity against this widely-feared threat to the nation's children. All three teams have found that a singular focus will inevitably be broadened to include other exploitation offenses.

Most teams recognize that child sexual exploitation encompasses many different crimes. Thus, for example, the SAFE Team has investigated all aspects of child sexual exploitation, including child sexual abuse, prostitution, and pornography, since its inception. In contrast, the South Florida LEACH Task Force initially focused exclusively on computer cases, but later found itself investigating prostitution rings and other types of child sexual exploitation cases. Similarly, the Massachusetts Network began with cases of computer pornography and solicitation, but soon was investigating a prostitution case involving interstate transportation of young girls.

A focus on computer cases or any other single offense category may be an effective impetus for starting a new team, but limiting the scope of work in this way may threaten the team's longevity. Such a narrow focus could exclude agencies in the jurisdiction that lack the technology, skills, or caseload to join in these investigations, potentially fostering feelings of "elitism" and jealousy towards those agencies which have the necessary components. Lack of support among excluded agencies can erode institutional support for a team that depends heavily on contributions, whether tangible or in-kind, from multiple sources.

The Federal Child Exploitation Strike Force in Chicago offers an important lesson from history about shifting priorities in the area of child sexual exploitation. In the late 1980s, when the Strike Force was created, there was a great deal of concern about overt juvenile prostitution in certain areas of the city. Much of the work of the Strike Force was centered on eradicating this problem through various forms of sweeps and undercover operations. There was substantial media coverage of Strike Force detectives talking with young girls on the streets and arresting pimps. Today, child prostitution has largely moved to indoor venues such as escort services and massage parlors, and the Strike Force can no longer commit the time and personnel necessary to conduct proactive prostitution investigations. Had the Strike Force maintained a singular focus on street prostitution, it probably would have ceased to exist some time ago. However, the Strike Force has always pursued undercover correspondence focusing on child pornography, as well as investigations of complex cases involving sex rings or day care centers, and such cases continue to justify ongoing support for the team.

### FEDERAL VS. STATE PROSECUTION

Among the most compelling reasons to create a multijurisdictional task force is the potential for pursuing offenders under federal law, state law, or both. Additional advantages of a multijurisdictional approach to child sexual exploitation cases include the following:<sup>11</sup>

- the ability to determine whether state or federal law most adequately addresses the facts of a particular case
- depending upon the facts of a particular case, the potential to prosecute more than one crime arising out of the same series of events, thereby obtaining both federal and state convictions and consecutive sentences to ensure that the offender remains confined for an extended period

<sup>11</sup> Child Sexual Exploitation, note 8, pp. 5-6.

- the likelihood of lengthy federal prison sentences (where there is no parole system) for offenses involving child pornography or interstate transportation of minors for sexual purposes
- the availability of lengthy state prison sentences for child sexual abuse
- the ability to seek a federal indictment based on an investigator's summary testimony, thereby eliminating in some cases the need for young victims to appear before a grand jury
- the possibility of using the inducement of imprisonment in a federal, rather than a state institution, to resolve all charges without a trial, sparing the victims the additional trauma of testifying in court

In Southern California and Chicago, detectives from local law enforcement agencies have been deputized as US marshals so that they can operate outside of their traditional jurisdictional boundaries. In addition, the SAFE Team routinely involves as many Team members as are reasonably needed and available to serve warrants, regardless of whether they fall within federal or state jurisdiction, and both federal and state agents are typically involved. The prevailing philosophy is that all Team members have a role to play in every case.

Finally, participation in a multijurisdictional task force necessarily entails a learning process as federal and local personnel adapt to one another's standards and style of work. Through daily collaboration, task force members come to appreciate and incorporate the strengths of other agencies, with beneficial results for both the individual members and for the cases they investigate.

### **VICTIM SERVICES**

Investigators frequently identify children who are depicted in homemade pornography, and child prostitution cases obviously involve identifiable victims. In such cases, it is absolutely vital for members of a multijurisdictional team to be familiar with state laws governing reports of child abuse and with community resources available to help the victims. In some jurisdictions, federal cases involving child victims are relatively rare, so that victim/witness coordinators in these US Attorney's Offices may have little experience or expertise to work directly with the children or locate the help they need.

Links to child protection agencies and other sources of victim services are important attributes that local police bring to multijurisdictional teams. Local police typically have substantial experience handling child physical and sexual abuse cases and are

therefore knowledgeable about the reporting requirements and the services available from child protection agencies, children's advocacy centers, multidisciplinary interviewing teams, runaway shelters, and other resources for young victims.

In Southern California, for example, the SAFE Team Supervisor and several other Team members were detailed to the Team after many years working in their agencies' specialized child abuse or sexual assault investigative units. As a result, the Team has direct contacts with victim service providers in each of the seven counties within the Central District of California. Organizations and individuals with special expertise in working with sexually abused children have provided training for SAFE Team personnel; conversely, the SAFE Team has trained staff at children's advocacy centers and other youth-serving agencies. Such opportunities have mutual benefits far beyond the intrinsic educational value of the training; they help to build strong working relationships that are crucial to effective intervention on behalf of child victims.

The Federal Child Exploitation Strike Force in Chicago and the Massachusetts Child Exploitation Network also have close ties with children's advocacy centers that are geographically convenient. These centers have offered their facilities and interviewing expertise even for cases that do not fall within their jurisdiction or catchment area, which is an especially important consideration when investigating federal cases. The Massachusetts Network has also involved victim advocates from several prosecutors' offices on its steering committee to facilitate outreach to service providers across the state. These working relationships also provide a convenient avenue for victim service professionals to contact the teams when they suspect a victim has been sexually exploited.

### RESOURCES AND TECHNOLOGY

Because so much of today's emphasis in child sexual exploitation cases centers on the role of computers, it is important for investigative teams to have adequate hardware and software. Computer equipment is costly, however, and needs to be upgraded fairly often. Some may be obtained through asset forfeiture, but the process tends to be slow and dependent on how quickly a case proceeds through the courts. Apart from salaries, the acquisition of computer equipment is likely to be the largest "up-front" expenditure facing a new task force.

In addition to the manpower that each agency contributes to a multijurisdictional team, whether dedicated to a formal task force or designated as part of a strike force or less formal unit, the various federal and state agencies also contribute access to information or technologies that can significantly advance the work of the team. Specific investigative and information resources available to multijurisdictional teams include the following:

- FBI—forensic and behavioral analysis capabilities, virtually instantaneous links to regional offices nationwide
- US Postal Inspection Service—controlled deliveries, undercover mailboxes
- US Customs Service—computerized data bases containing information about investigations, arrests, and seizures, and specifically about prohibited pornographic materials which have been seized at the border
- State or local police—sex offender registries, child abuse registries, and missing children's clearinghouses

Together, these agencies possess a formidable array of resources and expertise that can be brought to bear against sexual predators and others who exploit children.

### MEDIA AND PUBLIC RELATIONS

Publicity surrounding the work of a multijurisdictional task force on child sexual exploitation can be a difficult issue to negotiate. There are at least three potential areas for concern: the extent to which the team wants publicity; control over the dissemination of information to the news media; and protection of undercover and other investigative techniques. These issues should be considered and resolved as early as possible in the team's development; a lack of consensus can lead to divisiveness or distrust if the team is not prepared for media exposure.

Opinions are divided about the value of announcing to the public the establishment of a team dedicated to investigating and prosecuting child sexual exploitation cases. On the positive side, such an announcement can be good public relations—it shows that law enforcement is taking the initiative against a type of crime that is repulsive to most people. It may also have a deterrent effect against would-be offenders who otherwise might take the risk, for example, of participating in a chat-room or bulletin board with a focus on sex with children or child pornography. On the negative side, knowledge that a concerted effort is underway against child sexual exploitation might drive perpetrators further underground, making them even harder to apprehend. Among the teams included in this report, most appear to believe that it is important for the public to know that specially trained teams are actively handling child sexual exploitation cases, but that the nature of the teams' activities must remain confidential.

Having agreed that public awareness of the team's existence is acceptable to all participating agencies, the next step is managing the relationship between the team and the media. Who speaks for the team? How can all involved agencies be included in relevant media accounts? These are issues that should be clearly articulated in any

memorandum of understanding or letter of agreement that is drafted among the agencies represented. The South Florida LEACH Task Force offers an example:

It is agreed that no mention will be made to the press regarding the "LEACH Task Force" unless the participating agency heads agree that a press release should be made. Any agreed-upon press release will be coordinated through all participating agencies.

Clauses like these are important precautions against misunderstandings or recriminations that may ensue when breaking cases attract media attention.

Also, having agreed that public awareness of the team's work is more beneficial than it is harmful, some teams may engage in proactive campaigns to alert their communities about the threat of sexual predators. Especially in South Florida, the Broward County Sheriff's Department has undertaken an ongoing series of presentations to parent groups in schools and other civic settings, led by a detective assigned to the LEACH Task Force. Utilizing a videotape that was specially prepared for this purpose, the detective covers a great deal of potentially sensitive material without focusing specifically on the work of the Task Force. This is one way to educate the public about the subject matter of child sexual exploitation and the special attention and expertise available within law enforcement without exposing the nature of the Task Force or its precise activities.

### **MEASURING SUCCESS**

How can a multijurisdictional task force focusing on child sexual exploitation cases measure and promote its success? The SAFE Team measures success in terms of successful prosecutions and victim identification.

For many jurisdictions, traditional measures of achievement in law enforcement—arrest, clearance, and conviction rates—may not be especially useful in the area of child sexual exploitation because the numbers may be relatively small. Furthermore, a case that is first identified in one jurisdiction may be resolved in another, for example, when a computer user locates child pornography that is being generated from another city, perhaps in another state or even in another country. When investigators from multiple agencies are working collaboratively, who gets the credit?

In many teams, the latter question is resolved from an equity perspective: everyone gets equal credit. But it appears that the numbers issue may, in fact, be related to the level of resources that are committed to these cases: Several task force investigators observed that the number of people using computers to transmit child pornography is

far greater than law enforcement's capacity to investigate. Arguably, then, the numbers would increase in proportion to the resources allocated to proactive investigation of computer cases.

Identifying and helping victims is the most compelling justification for supporting multijurisdictional task forces on child sexual exploitation. While no one knows the precise number of children who become involved in pornography, experts do know the following:

- While some pedophiles may be content to collect pornography and never act on their sexual attraction to children, many do actively molest young children. <sup>12</sup> The US Postal Inspection Service reports that approximately 30 percent of the offenders who are investigated for distributing child pornography through the mail have also molested children. <sup>13</sup>
- The numbers of children at risk of sexual victimization is quite large. One study of self-reported child molesters found that, on average, non-incestuous molesters commit one or two acts against each of an astonishingly large number of children: about 20 female victims or 150 male victims per offender.<sup>14</sup>
- Sexual exploitation can have devastating impacts on young victims. Children involved in prostitution are at high risk for rape and other violent crimes, addiction to alcohol and other drugs, and sexually transmitted diseases, including AIDS. Children involved in pornography may suffer all the consequences of sexual abuse—including low self-esteem, depression, attempts at suicide, sexually acting out, other sexual and psychological dysfunctions, and post-traumatic stress disorder —exacerbated by the knowledge that their abuse has been permanently documented and perhaps shared with an audience of unknowable size. 17

<sup>&</sup>lt;sup>12</sup> Lanning, K.V. (1992). *Child Molesters: A Behavioral Analysis*. Arlington, VA: National Center for Missing & Exploited Children.

<sup>&</sup>lt;sup>13</sup> Smith, Ray, US Postal Inspection Service, Fraud and Prohibited Mailings Branch. Personal communication.

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<sup>&</sup>lt;sup>15</sup> Fisher, B., Weisberg, D., and Marotta, T. (1982). Report on adolescent male prostitution. San Francisco, CA: URSA Institute; Janus, M., Scanlon, B., and Price, V. (1984). "Youth prostitution," in Child pornography and sex rings, Edited by A. Burgess with M. Clark. New York: Macmillan/Lexington.

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<sup>&</sup>lt;sup>17</sup> Attorney General's Commission on Pornography (1986). Final report. Nashville: Rutledge Hill Press.

In sum, the numbers of cases that come to the attention of law enforcement authorities almost certainly belie (1) the level of activity in promoting and perpetuating child pornography, (2) the number of children who are at risk of victimization, and (3) the human suffering that results from the sexual exploitation of children. Any law enforcement agency that investigates child sexual exploitation—particularly on the Internet—will likely be overwhelmed by a flood of new cases. Law enforcement must work together, preferably in multi-agency task forces, to combat these crimes effectively.

### **FACT SHEET**

# What Can We Learn from States and Communities that have addressed Female Juvenile Prostitution?

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### Recommendations for Action:

The following recommendations are based upon the efforts of 23 states and communities that have begun the process of comprehensively assessing, developing, and implementing services for at risk girls and young women (Community Research Associates, 1998).

### 1. Establish a Representative Planning Group

- > Identify key community and state leaders
- > Involve juvenile justice practitioners
- ➤ Involve historically significant girl-serving organizations (e.g., Girls Scouts, YWCA, Girls, Inc.)

### 2. Assess Existing Services

- > Define gender-specific services
- > Use local data to supplement state or federal statistics
- > Examine system perceptions and hard data
- > Make recommendations that promote a continuum of care

### 3. Create Specific Programmatic Responses to Service Delivery Gaps

- > Stress coordination of programs (existing and new)
- > Focus on prevention and intervention efforts
- > Look to existing models

### 4. Encourage System-Wide Training in Female Development

> Develop and implement training focusing on gender development issues and the ways these issues will affect program and policy development

### Action Taken by Other States:

- Colorado engaged in a four-pronged approach featuring: a) public education; b) a directory of state services and programs; c) training on gender-related topics at professional events; and d) regional trainings for juvenile justice practitioners.
- Ohio conducted focus groups sessions with various professionals involved with serving girls across the state.
- Iowa formed a state-level Gender-Specific Services Task Force charged with making specific recommendations concerning the provision of appropriate services to young women in the State.

### North Carolina:

- Has not yet conducted a state-level comprehensive survey of gender-specific services.
- The State has conducted an assessment of services and provision of services for girls in our youth development centers (training schools).

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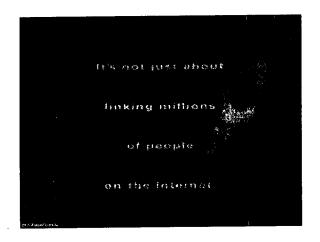
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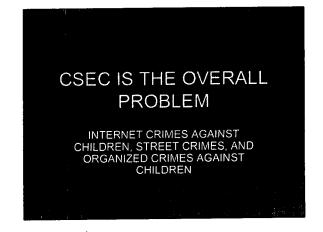
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Dr. Sharon Cooper attachment 7



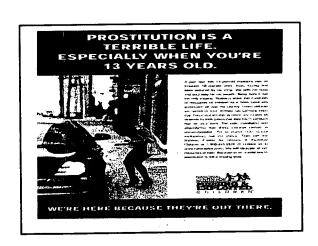
# COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) Sharon W. Cooper, MD. FAAP University of North Carolina Chapel Hill School of Medicine Developmental & Forensic Pediatrics, PA





# CHILD AND YOUTH EXPLOITATION

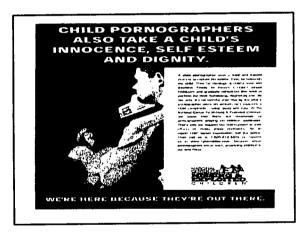
- Child pornography production, reproduction and distribution
- Prostituted children and youths
- Cyber-enticement of children and youths (luring)
- Child sex tourism
- Human trafficking of women and girls for sexual exploitation





### CHILD SEXUAL ABUSE IMAGES

- Increasing in number on the Internet
- Realization that these are not "posed" images, but actual pictures and videos of children being sexually abused
- Children are being abused at younger and younger ages
- The demand remains high for these types of images



## CYBER-ENTICEMENT OF CHILDREN AND YOUTHS

- Classical enticement or luring entails establishing a relationship with a child or youth on the Internet and nurturing this bond in preparation for meeting and usually a sexual assault and/or runaway behavior by the child with the perpetrator
- For some youths, this runaway behavior results in becoming prostituted



### CHILD SEX TOURISM

- The act of leaving the United States to travel specifically to a country or countries where there may be easy access to sex with children
- Often these American male tourists have sex with very young children to occasionally include the production of child pornography as a "keepsake"

### SEXUAL SLAVERY

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- Originally thought to be an individual sexual deviancy associated with bondage
- Reported cases in the past have highlighted one or two celebrated but seeming rare occurrences
- Discounted as not presenting a real threat to girls and women

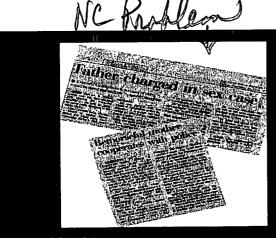
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### **HUMAN TRAFFICKING**

- The modern practice of slavery
- The third largest criminal industry in the world today, after arms and drug dealing
- This is the fastest growing form of criminal activity
- Victims are forced into labor and sexual exploitation, with approximately 50% of the victims being children

### 2 TYPES OF HUMAN TRAFFICKING

- Domestic Trafficking (estimated at 300,000 children) refers to children within the US who are being sexually exploited and trafficked beyond their state borders
- Transnational Trafficking (estimated at 20.000 foreign nationals brought into the US annually) refers to foreign national women and children who are brought into a country for forced labor and sexual exploitation



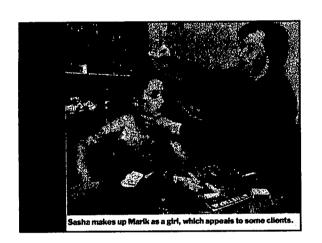
### TRANSNATIONAL TRAFFICKING

- Children are often obtained through promises and even payments to their parents of a better life
- Children may be abducted, as has been reported in Thailand and Nepal (INTERPOL) while on the streets as beggars
- Trafficked to border countries for the "training" necessary for complete submission and psychological terrorism that allows for total control

Julas all desertion in the Harriston danger







### **TERMINOLOGY**

- Results of a national summit: Protecting Our Children: Working Together To End Child Prostitution (Washington 2002) recommended consistent language nationwide
- "Commercial sexual exploitation of children and youths" versus "prostitutes" or "child prostitutes"

### **TERMINOLOGY**

- "Victims" or "prostituted children and youth" rather than "prostitutes"
- "Perpetrators" rather than "johns"
- "Offenders" should be a term reserved for all involved in the chain of commercial sexual exploitation of children and youth – those who recruit and sell(pimps), traffic and abuse

# PROSTITUTED CHILDREN AND YOUTHS IN AMERICA

- Children and youths who are lured, abducted, or who run away or are thrown away from their homes with the result that they eventually resort to survival sex as they live on the streets
- These youths are the victims, the perpetrators are the clients (who maintain the demand), and the offenders are the pimps who use terror, seduction, physical abuse, and substance abuse to keep children and youths in this very dangerous and exceedingly harmful lifestyle

### DOMESTIC TRAFFICKING

中國國際國家學術和人才包括

Children and youths who are transported across state lines for the purpose of sexual exploitation are victims of domestic trafficking

### STATE SERVICE DELIVERY

- Services for children and youths who are sexually exploited are funded by the Department of Justice grants, typically through law enforcement agencies or the Office of Victims of Crimes
- The Department of Health and Human Services funds victim assistance programs

## THE TRAFFICKING VICTIM PROTECTION ACT

- Provides money to states to address the whole issue of trafficking-both domestic and transnational
- Includes funding for establishment and education of victim assistance groups
- Includes funding for provision of mental health services for these victims
- Includes funding for education of law enforcement regarding crime dynamics

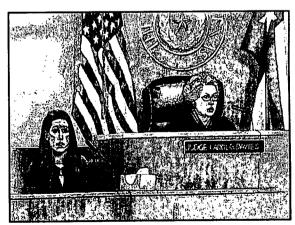
### **DOLLARS AND CENTS**

Since the year 2000
DHHS has provided 8.1 million dollars in grants to the states
OVC has provided 9.2 million dollars in grants

Poloria

### UTILIZATION OF FUNDING

- Develop data bases regarding high risk areas in NC-military installation counties, wherever there are large concentrations of working foreign nationals (e.g. migrant workers) or sexually oriented business (particularly ethnic in nature)
- Enhance translation opportunities for outreach and to assist in the entire investigative process
- Sensitivity training for investigators of the involuntary nature of this type of exploitation



Judicial Justice De Soled 5

### HIGH RISK CIRCUMSTANCES

- Counties with military communities
- Cities with high concentrations of sexually oriented businesses, especially those businesses with an ethnic preponderance of "employees"
- Counties which have significant populations of migrant workers at any time during the year

### THANKS

The Polaris Project –Washington. DC
The National Center for Missing and
Exploited Children
The Federal Bureau of Investigation

# Summary-The Brave New World Still has **Child Sexual Abuse**

- Pornography
- Prostituted children and youths
- Cyber-enticement of children and youths
- Child sex tourism
- Trafficking of children and youths



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### **JUVENILE PROSTITUTION**

JAMES M. FRABUTT, Ph. D. JACQUELYN W. WHITE, Ph.D.



DIVISION FOR THE PREVENTION OF YOUTH VIOLENCE AND AGGRESSION
CENTER FOR THE STUDY OF SOCIAL ISSUES
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

### Definition:

- Juvenile prostitution -- along with child pornography and trafficking in children for sexual purposes contributes to an epidemic at the national and international level that has been termed the *commercial sexual exploitation of children*.
- Juvenile prostitution has been defined as the use of or participation of persons under the age of 18 in sexual intercourse or other sex acts where no force is present in exchange for money, clothing, food, shelter, drugs, or other considerations.

### Scope:

- Estimates of the national scope of juvenile prostitution vary. Police statistics suggest there are between 100,000 and 300,000 juvenile prostitutes under the age of 18. The U.S. Department of Health and Human Services has estimated 300,000. Nonofficial sources place the number closer to 500,000.
- Females account for approximately two-thirds of the juvenile prostitutes in this country.
- These prevalence numbers are in stark contrast to the local and federal juvenile arrest records for 1999, when 1,300 juveniles were arrested for prostitution and commercialized vice.

### Characteristics:

• Majority of juvenile female prostitutes are between the ages of 15 to 17. Most enter into prostitution before age 16.

- Contrary to popular belief, the majority (75%) juvenile prostitutes are from working class and middle class families.
- Only a minority of juvenile female prostitutes are in business for themselves. The majority of female juvenile prostitution is pimp-controlled or is directed by someone else in a position of authority or control.
- Running away and prostitution are highly related. A majority of adolescent prostitutes have fled home situations that were abusive.

### Risk Factors:

- Factors contributing to the sexual exploitation of children exist on several levels. Three identified levels are: <u>contextual</u> (e.g., poverty, societal responses to crimes committed against children), <u>situational</u> (e.g., history of sexual assault, gang membership, parental drug dependency), and <u>individual</u> (e.g., poor self-esteem, chronic depression).
- Nearly all juvenile female prostitutes have been victims of sexual assault, sexual molestation, or physical abuse before their entry into prostitution.

### Recommendations:

The authors of a recent report on child sexual exploitation (Estes & Weiner, 2001) offered an action agenda that may offer insight into addressing juvenile prostitution on a local level.

- > Protect children from sexual exploitation by emphasizing prevention as the first priority.
- > Target adult sexual exploiters of children for punishment, not the children.
- > Enforce more fully existing national and state laws relating to child sexual exploitation.
- > Increase the penalties associated with sexual crimes against children.
- > Support local communities in their efforts to strengthen local and state laws pertaining to child sexual exploitation.
- Expand federally funded multi-jurisdictional task forces on child sexual exploitation into all major federal and state jurisdictions.
- > Promote effective public/private partnerships for combating child sexual exploitation.

### Sources

Estes, R. J., & Weiner, N. A. (2001). <u>The commercial sexual exploitation of children in the U.S.</u>, <u>Canada and Mexico</u>. School of Social Work, Center for the Study of Youth Policy, University of Pennsylvania. Philadelphia, PA.

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# Sexualization of Children A Short Primer on the in US Advertising

Children and Sexual Trafficking of Children? A Continuum Between Sexual Targeting of

1980s-2004

Marcia E. Herman-Giddens, PA, DrPH 919.542.2529

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# Objectives

advertisements presenting children as sexual targets over the last 2 decades Present a brief demonstration of

Illustrate the sexual milieu of children's lives along with their earlier pubertal development

awareness courses in the schools to help children cope with these powerful Demonstrate the need for media messages Content includes nudity and may have some disturbing pictures

GROCERY STORE OR NEWSTAND OR CATALOGS MARKETED TO CHILDREN ► ALL THE PICTURES\* YOU WILL SEE ARE FROM MAGAZINES AT THE

\*one exception: a cartoon from Playboy

istrement magazines, materials in our own

# Proportion of girls with the onset of puberty

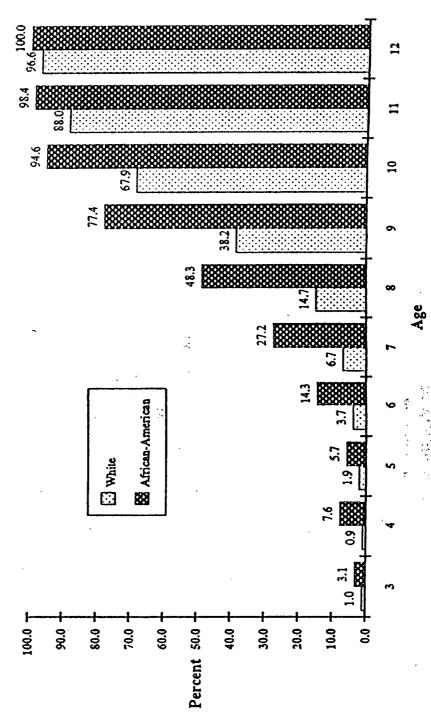


Fig 4. Prevalence of breast and/or pubic hair development at Tanner stage 2 or greater by age and race (Cochran-Mantel-Haenszel  $\chi^2 = 354.8$ , df = 1, P < .001; Breslow-Day  $\chi^2 = 10.0$  df = 9, P = .354).

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# Components

- Ads from the past to present
- Adult womens magazines marketed to ages 16 up
- Teen magazines marketed to 11-15 yr olds
- Abercrombie and Fitch (Jacoban)
- Markets a life style to children, teens, and young adults
- Catalog for age 18+ but popular with young children
- Clothing marketed to pre-teens as well as teens
- Media awareness, one strategy to offset effects, is needed in the schools

## Media Literacy

- Who constructs media messages?
  Values
  - ✓ Stereotypes
- Consequences
- ✓ Positive/negative lessons

## How Media Literacy Helps

- •Greater understanding of media
  - and its impact on our culture
- Healthier lifestyle choices
- Smarter use of media
- Communication with media industries

### NCDHHS, Division of Public Health School Health Initiative

The Division of Public Health's School Health Initiative has been launched to enhance the health of North Carolina students through an expanded focus on

- health promotion and disease prevention
- health services in schools.

Among the steps taken to advance this focus are the creation of

- School Health Unit in DPH
- School Health Matrix Team composed of staff from four DPH sections:
  - Women's and Children Health
  - Chronic Disease and Injury
  - Oral Health
  - Epidemiology
- School Health Forum, composed of upper level staff from
  - Department of Public Instruction
  - Department of Health and Human Services.

Among the targeted actions currently underway are:

- School nurses:
  - Increase the number of school nurses to better meet the needs of students, including larger numbers coming to school with health problems. The NC State Board of Education recently adopted the national recommendation of a 1:750 nurse to student ratio. NC's current ratio is 1:1918.
- 100% Tobacco Free Schools:
  - 33 school systems have adopted a 100% Tobacco Free Schools policy and about half the remaining schools have a team at work on the issue.
- Obesity prevention:
  - Schools are one of the 6 settings for which the NC Healthy Weight Initiative made recommendations to prevent obesity.
  - Key recommendations for schools include increased physical activity and enhanced food and beverage options.
  - Fifteen local grants from the CDC-funded Healthy Weight Initiative were awarded to local communities in September.
- Tooth decay is the most common chronic disease in school age children.
  - Providing preventive dental sealants for high-risk students is a top priority of dental hygienists working with schools.
- School Health Advisory Councils for each school system were mandated in 2003 by the State Board of Education.
  - The Councils provide an opportunity for grassroots supporters of school health to raise policy issues and enhance the local priority for health promotion, disease prevention and improved school health services.

### Obesity ntrac as No Killer

### Inactivity, poor diet may overtake tobacco

By Nanci Hellmich USA TODAY,

Poor diet and lack of exercise might end up killing more people than tobacco use and become the leading cause of preventable deaths in the USA by as early as next year, a new study says

Diet and physical inac-

tivity accounted for 400,000 deaths in 2000, or about 16.6% of total deaths. Tobacco, with 435,000 deaths, was 18.1% of the total; says research in today's Journal of the American Medical Association.

This is really a tragedy," says Julie Gerberding, director of the Centers for Disease Control and Prevention, and one of the authors of the study. "Obesity is the overt manifestation" of poor diet and sedentary lifestyle, and it's a "preventable risk factor," she says.

Pill in the works to cut cravings

Drug has helped obese people and smokers, 6D

Obesity public service ads urge small steps, 9D

Smoking rates are dropping, but Americans are increasingly overweight. That's why obesity probably will overtake smoking as the leading preventable cause of death by 2005, says CDC epidemiologist Ali

Mokdad, another study author. Almost 65% of Americans weigh too much, increasing their risk of heart disease, diabetes and cancer.

On Tuesday, the government announced two ways it intends to help: by running public service ads on the importance of controlling weight and by paying for new obesity research.

For the latest study. CDC researchers reviewed about 1,000 studies linking certain behaviors and death, and they came up with an equation that determines the actual risk from those behaviors. Often, more than one cause or condition contributes to a single death. The top killers are

### Death toll

Causes of preventable U.S. deaths in 2000: (In thousands)

Tobacco use

Diet/physical inactivity

### 400

Alcohol consumption

### 85

Motor vehicle crashes

### 43

**Firearms** 

### 29

Sexual behaviors

### ₹20

Illicit drugs

17 ource: Centers for Disease Control and Prevention

By Frank Pompa, USA TODAY

heart disease, cancer and stroke. The researchers say poor diet and inactivity are considered "modifiable" behaviors that give those killers ammunition.

Nutrition experts say Americans must take this news seriously. "Obesity and unhealthy lifestyles are now the most important public health problems of this century," says Samuel Klein, director of the Center for Human Nutrition at Washington University School of Medicine in St. Louis.

"It's not just the increase in premature deaths that's a problem, but also the illness, disability, suffering and

economic costs that go with it," he says. Roland Sturm, a senior economist with Rand Corp., a résearch think tank, says Americans have been get-

ting healthier and living longer. But he says that if the obesity rate continues to rise, "it will reverse that trend." People now in their 40s will develop conditions such as diabetes, arthritis and back pain that will reduce their quality of life, he says. In a study in the March issue of Health Affairs, Sturm

predicts that by 2020, one in five health-care dollars spent on people ages 50 to 69 could be for medical problems related to excess weight.

People need to get off the train of overeating, gaining weight and being sedentary," says George Blackburn, associate director of the division of nutrition at Harvard Medical School, "These are 400,000 avoidable, premature deaths that wouldn't occur if we didn't overeat and weren't coach potatoes.

Gerberding says she would like to see Americans take small steps to a healthier lifestyle, and those steps would "add up to a more fit body. That means eating healthy foods in healthy portion sizes and finding ways to incorporate exercise into their everyday lives.

### Kid-sized servings?

GRILLED CHEESE

Denny's The Big Cheese WITH FRIES

Applebee's Grilled Cheese

520 26 1,350 900 44 2,050

CHEESEBURGER

Denny's Cheeseburgerlicious 350 17 WITH FRIES 760 39

Outback Steakhouse

WITH FRIES

Boomerang Cheeseburger WITH FRIES

SPAGHETTI

Olive Garden

Spaghetti & Tomato Sauce

SEAFOOD

Red Lobster

Popcorn Shrimp & Fries

DESSERT

Outback Steakhouse

Spotted Dog Sundae

Source. Center for Science in the Public Interest

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### GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2003

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### **HOUSE JOINT RESOLUTION 1086**

Sponsors: Representative Alexander.

Referred to: Rules, Calendar, and Operations of the House.

### April 10, 2003

A JOINT RESOLUTION TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY THE TRAFFICKING OF PERSONS.

Be it resolved by the House of Representatives, the Senate concurring:

**SECTION 1.(a)** The Legislative Research Commission may study the topic of trafficking of persons. In its study the Commission may do all of the following:

- (1) Measure and evaluate the progress of the State in trafficking prevention activities.
- (2) Identify available federal, State, and local programs that provide services to victims of trafficking that include health care, human services, housing, education, legal assistance, job training or preparation, interpreting services, English as a second language classes, and victim's compensation.
- (3) Make recommendations on methods to provide a coordinated system of support and assistance to persons who are victims of trafficking.
- (4) Consider any other issue relevant to this topic.

SECTION 2. The Commission shall submit an interim report of its findings and recommendations to the 2003 General Assembly prior to its reconvening in 2004, and shall submit a final report of its findings and recommendations to the General Assembly on or before the first day of the 2005 Regular Session of the 2004 General Assembly by filing the report with the President Pro Tempore of the Senate and the Speaker of the House of Representatives. Upon filing its final report, the Commission shall terminate.

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**Eat Smart, Move More...North Carolina** is a statewide initiative—that—promotes increased opportunities for healthy eating and physical activity through policy and environmental change interventions and enhanced public awareness of the need for such changes. Staff of the Physical



Activity and Nutrition (PAN) Unit, North Carolina Division of Public Health guide the initiative, but the success of **Eat Smart, Move More...North Carolina** depends up broad partnerships among organizations, communities, and individuals across the state. In addition to current partners

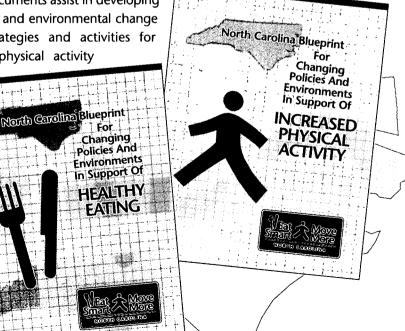
within the North Carolina Department of Health and Human Services and the Division of Public Health, the initiative embraces the perspectives, expertise, and collective voice of diverse local community groups, health departments, colleges and universities, schools, hospitals, nonprofit organizations, and professional organizations, among many others that together can make the vision of healthy communities a reality.

### The *Blueprints*: Cornerstones of the Eat Smart, Move More...North Carolina initiative

Two companion documents were created through the **Eat Smart, Move More...North Carolina** initiative: the *North Carolina Blueprint For Changing Policies And Environments In Support Of Healthy Eating* and the *North Carolina Blueprint For Changing Policies And Environments In Support Of Increased Physical Activity*. These documents are the cornerstones of the initiative. The *Blueprints* guide community-based efforts in increasing public awareness about the importance of healthy eating and

physical activity and the need for supportive policies and environments. Additionally, the documents assist in developing and implementing effective policy and environmental change interventions. They provide strategies and activities for increasing healthy eating and physical activity

opportunities locally and statewide.



Widespread efforts are needed to encourage physical activity and better nutrition through effective educational, behavioral, and environmental approaches to control and prevent obesity. North Carolina is one of our nation's leaders in developing an initiative to move communities to adopt healthy eating and physical activity policy and environmental changes in an effort to prevent and combat rising trends in obesity and other chronic diseases."

William H. Dietz, M.D., Ph.D., Director of the Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention, 2002

### Fostering policies and environments supportive of healthy eating and increased physical activity

Policy change generally describes modifications to laws, regulations, formal, and informal rules, as well as standards of practice. It includes fostering both written and unwritten policies, practices, and incentives that provide new or enhanced supports for healthy behaviors and lead to

changes in community and societal norms. Policy changes can occur at different levels, such as the organizational level (a single worksite), the community level, (an entire school system), or at the society level (state legislation) and can often bring about environmental changes.

environmental change describes changes to physical and social environments that provide new or enhanced supports for healthy behaviors. Examples of changes to the physical environment include new or enhanced farmer's market facilities and sidewalks or the addition of regular and consistent messages promoting healthy eating and physical activity. These on-site messages include signs posted at elevators encouraging the use of stairs or labeling healthy food options in vending machines. Changing the social environment requires altering individuals' attitudes and perceptions about a particular behavior. It is a gradual process but can be accomplished in part by routine efforts to increase public awareness of the problem as we as potential solutions. Social environmental change includes adopting a behavior as the norm rather than the exception or discouraging a particular behavior.

It has become increasingly apparent how closely an individual's health is linked to the social and physical environments (Pan American Health Organization, 1996). Comprehensive efforts to change health behavior must foster supportive policies as well as social and physical environments that encourage healthy lifestyles. Several national tools emphasize the impact of policies and environments on individual health.

The North Carolina Blueprints are consistent with national guides in promoting policy and environmental changes to increase opportunities for healthy lifestyles. North Carolina is

- Association of State and Territorial Directors of Health Promotion and Public Health Education, Centers for Disease Control and Prevention's Policy and Environmental Change: New Directions for Public Health (ASTDHPPHE & CDC, 2001)
- Partnership for Prevention's Nine High Impact Actions Congress Can Take to Protect and Promote the Nation's Health (Partnership for Prevention, 2000)
- Nutrition and Physical Activity Work Group's Guidelines for Comprehensive Physical Activity and Nutrition Programs (Gregory, 2002)
- The National Governor's
   Association Center for Best
   Practices Issue Brief The Obesity
   Epidemic—How States Can Trim the
   "Fat" (NGAC, 2002)



The next major step forward in chronic disease prevention and health promotion will come through the increasing and widespread use of policy and environmental change interventions that can impact large segments of the population simultaneously."

Policy and Environmental Change: New Directions for Public Health, 2001

among the first states to create blueprints to increase the healthy eating and physical activity behaviors of its residents through policy and environmental change interventions. Many states share the common health concerns of rising obesity rates, increasing Type 2 diabetes in

### **Building Healthy Communities in North Carolina... State and Community Partners**

Partners within the North Carolina Department of Health and Human Services and the Division of Public Health, along with multiple state and community partners are essential to the success of the **Eat Smart**, **Move More...North Carolina** initiative. Visit the initiative's website (http://www.EatSmartMoveMoreNC.com) to locate potential partners and learn how to get involved.

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Physical Activity and Nutrition (PAN) Unit
North Carolina Division of Public Health
1915 Mail Service Center • Raleigh, North Carolina 27699-1915
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www.EatSmartMoveMoreNC.com

"Many current diseases in North Carolina are preventable simply by 'eating smart' and 'moving more.' These healthy behaviors can enhance quality of life and reduce the economic burden on the individual, the community, and the state."

Leah Devlin, DDS, MPH Acting North Carolina State Health Director, 2002 children, and high prevalence of cardiovascular disease (CVD) and cancer. However, few 'how-to' manuals for policy and environmental change interventions exist for local efforts. The *Blueprints* provide strategies to increase opportunities for healthy lifestyles and enhance public awareness of the importance of healthy eating and physical activity.

### Defining the burden of poor diet and physical inactivity

Dietary choices and physical activity behaviors impact the lives of all North Carolinians, regardless of age, race, gender, or ability level. Despite tremendous medical advances, North Carolina faces the devastating human and financial costs of chronic diseases and disabilities. Overweight, obesity, and diabetes are at epidemic proportions. Heart disease, stroke, and cancer claim, prematurely, the lives of thousands and reduce quality of life. These illnesses are not altogether unavoidable. Poor dietary patterns and physical inactivity are major risk factors for these and other chronic disabling diseases.

**OVERWEIGHT & OBESITY.** Obesity and overweight are major contributors to many preventable causes of death and raise the risk of developing high blood pressure, high cholesterol, diabetes, heart disease, stroke, cancer, and other illnesses. Since 1990, the percentage of North Carolina adults who are overweight has increased slightly, from 33 percent to 37 percent in 2000. During the same time, the prevalence of obesity has nearly doubled from 13 percent to 22 percent. Combined, this means that the majority of North Carolina adults (59 percent) are now either overweight or obese. A physically active lifestyle combined with a healthy diet help maintain body weight within an optimum range.

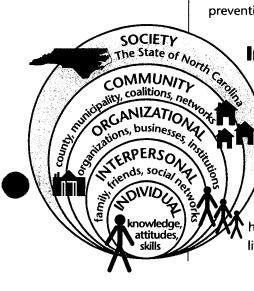
**CARDIOVASCULAR DISEASE.** Cardiovascular disease (CVD) is the leading cause of death in North Carolina. It accounts for nearly 40 percent of all deaths among North Carolinians, more than 26,000 deaths each year. Poor nutrition and physical inactivity are leading contributors to CVD (North Carolina Heart Disease and Stroke Prevention Task Force, 1999).

**CANCER.** Cancer is the second leading cause of death in North Carolina and is responsible for 23 percent of the state's deaths. It has been estimated that eating a proper diet, staying physically active, and maintaining a healthy weight can cut cancer risk by 30 percent to 40 percent. In the United States, as many as 375,000 cases of cancer, at current cancer rates, could be prevented each year through healthy dietary choices.

**DIABETES.** Diabetes is a contributing factor to heart disease, blindness, hypertension, stroke, and kidney failure and its prevalence increases with age. Since 1995, the percentage of adults who have diabetes has increased 42 percent (from 4.5 percent to 6.4 percent). The National Diabetes Prevention Program found that a healthy diet and physical activity are effective in preventing the onset of the disease (American Diabetes Association, 2002).

Improving the health of our communities

The **Eat Smart, Move More...North Carolina** initiative bases its approach to health promotion on a multi-level model, also called a socio-ecological model. This framework acknowledges the various factors that influence an individual's ability and opportunity to modify behaviors. These factors include the physical and social environments of their communities and organizations, the policies, practices, and norms within their social and work settings, and their access to information. It emphasizes that everyone lives within physical environments and social systems, sometimes called "social ecology", that influence individual health. Lasting changes in health behaviors require physical environments and social systems that support positive lifestyle habits (McLeroy, 1988).



Action planning as well as process and outcome evaluation are vital to the Eat Smart, Move More...North Carolina initiative. Developing an action plan facilitates collaborative planning, clarifies roles, and provides direction for specific strategies and steps needed for policy and environmental change interventions. Action plans help local organizations assess their progress by providing measurable reference points. Process and outcome evaluation is necessary to determine whether Eat Smart, Move More...North Carolina's goals, objectives, and strategies contribute to increasing healthy eating and physical activity opportunities. Evaluation processes in the Blueprints will utilize the monitoring and surveillance mechanisms developed by the Health Promotion Branch within the North Carolina Division of Public Health (DPH). Evaluation will take place at both the state and local levels.

### What is comsidered success?

The Blueprints identify a wide variety of intervention strategies and activities in which the outcomes support increased healthy eating and physical activity opportunities for North Carolinians. Potential outcomes of interventions are identified in the following settings: community environment, schools/childcare, faith organizations, worksites, community groups, and health care. They may be physical changes at facilities and in the environment or changes in a common practice or policy.

### **COMMUNITY ENVIRONMENT**

- Labeling for healthy food/beverage options /(è:g., vending machines)
- Signage promoting physical activity facility use (e.g., signs indicating walking trails)
- Addition of healthy food options for vending machines
- Funding for sidewalks and bike trails

### SCHOOLS/CHILDCARE

- Equipment for preparing and serving healthy foods (e.g., roasting pans)
- Facilities for physical activity (e.g., gym)
- Policy regarding nutrition standards for all foods available schools/childcare facilities
- Policy requiring certified physical education teachers
- Signage encouraging staff, students, and visitors to park further away from the buildingin order to increase physical activity

### FAITH ORGANIZATIONS

- Physical activity messages regularly included in
- Healthy eating program supported by faith organization
- Faith organization affiliated discount for health club membership
- Faith organization food garden

### **WORKSITES**

- Signage near elevators promoting stair use
- Space or facilities provided for breastfeeding
- Flextime policy for participation in physical activity
- Replace less nutritious food choices in vending machines and cafeteria selections

### COMMUNITY GROUPS

- Community group event celebrating physical activity
- Food assistance programs supported by community
- Policy to incorporate physical activity into group functions.

### **HEALTH CARE**

- Physician's regularly counsel patients about healthy-eating and physical activity
- Equipment for preparing and serving healthy -foods (e.g., roasting pans) in cafeteria
- Facilities for physical activity (e.g., gym, walking trail)
- Inclusion of benefits provided by insurers for nutrition and physical activity.

North Carolina Blueprint For Changing Policies And Environments In Support Of Healthy Eating North Carolina Blueprint For Changing Policies And Environments In Support Of Increased Physical Activity

Eat Smart, Move More... North Carolina

Intervention Settings:
Also called channels,
settings are the sites
where interventions occur.

- Worksites
- Faith organizations
- Health care
- Schools/childcare facilities
- Community groups
- Communities

Traditionally, health behavior interventions have focused primarily on the individual and interpersonal levels of the multi-level model. These interventions, including education, counseling, screenings, and displays at health fairs, have been moderately successful in educating individuals about the benefits of healthy lifestyles. However, successful behavior change is difficult to achieve and sustain without changes in the surrounding organizational, community, social, and physical environments. Interventions implemented at the upper three levels of the model help to support those at the individual and interpersonal levels. According to the US DHHS (1999), "environmental interventions contribute to behavior change by...implementing measures that will make it easier for people to engage in the desirable behaviors...while making it more difficult to engage in competing and less desirable behaviors." Confidence in adopting and maintaining a behavior may be strengthened when the environment supports the new behavior. Policies can assist in behavior change by stimulating changes in the physical environment that make healthy eating and physical activity possible, safer, and easier in addition to altering behavioral norms.

Six critical factors in implementing policy and environmental change interventions have been identified though a nationwide assessment. They include (1) meaningful collaborations, (2) community support, (3) support of decision-makers, (4) science-based support of the intervention, (5) adequate funding and resources, and (6) skilled staff. These factors were identified as essential to the successful implementation of policy or environmental change interventions (Association of State and Territorial Directors of Health Promotion and Public Health Education, Centers for Disease Control and Prevention, 2001).

### Changing policies and environments... Increasing opportunities for healthy eating and physical activity

The North Carolina Blueprint for Changing Policies and Environments in Support of Healthy Eating and its companion document, the North Carolina Blueprint for Changing Policies and Environments in Support of Increased Physical Activity, were developed to assist local health promotion efforts in increasing opportunities for healthy behaviors. The Blueprints provide the strategies and activities necessary to achieve the **Eat Smart, Move More...North Carolina** goals.

### Move More... North Carolina Mission Statement

To foster policies and environments supportive of healthy eating and increased physical activity.

### Eat Smart, Move More...North Carolina Goals and Objectives

**Goal 1:** Increase public awareness of the importance of healthy eating and physical activity and the need for supportive policies and environments.

### **Objectives:**

- 1. Increase yearly the number of regular and consistent messages promoting healthy eating and physical activity (e.g., signage posted at elevators to encourage stair use and menu labels indicating healthy food items).
- 2. Increase yearly the amount of mass media coverage about the importance of healthy eating and physical activity and the need for supportive policies and environments (e.g., newspapers, television, radio, billboards).
- 3. Increase yearly the number of organizational communications about the importance of healthy eating and physical activity and the need for supportive policies and environments, (e.g. newsletters, email messages, flyers).

**Goal 2:** Increase opportunities for healthy eating and physical activity by fostering supportive policies and environments.

### **Objectives:**

- 1. Increase yearly the number of facilities and/or environments that promote healthy eating and physical activity.\*
- 2. Increase yearly the number of policies, practices, and incentives to promote healthy eating and physical activity.\*

\*This objective also includes enhancing or maintaining existing supports for healthy eating and physical activity.

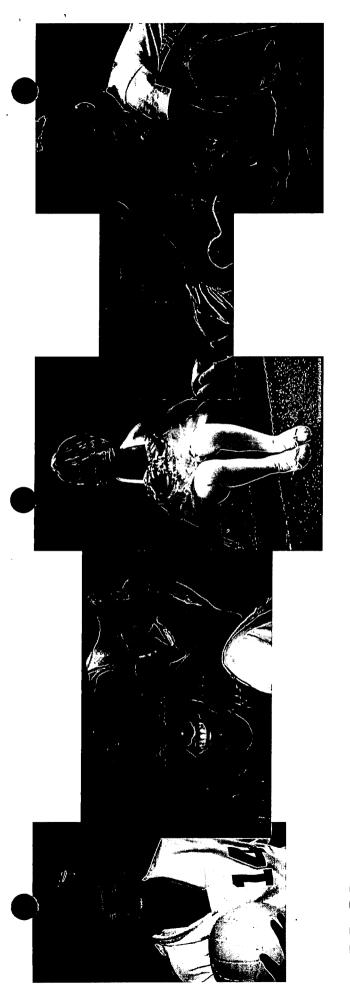




### Our Children Deserve a Healthier Future

Increase NC's cigarette tax by 75 cents





# EACH YEAR 24,455 of NC's YOUTH START SMOKING REGULARLY (become daily smokers)

NC youth use tobacco at rates higher than the national average



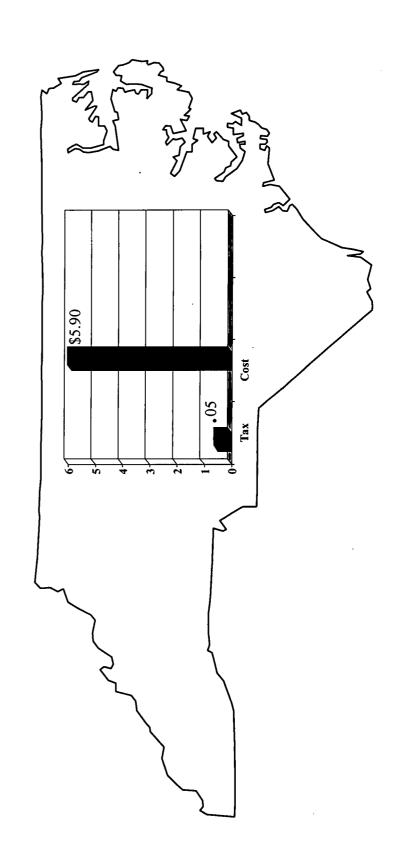




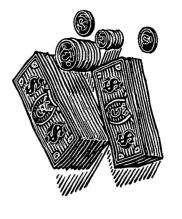
### 14% of pregnant women in NC are Smokers

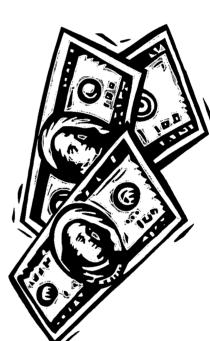


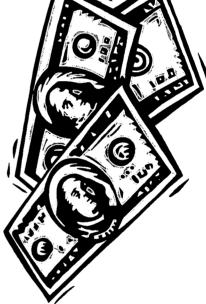
\$5.90 per pack in healthcare cost and For the 5 cents a smoker pays per pack, the rest of us pay close to lost productivity

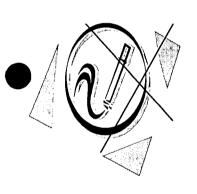


- Every year, smoking related disease and disabilities cost our state \$4.75 Billion.
- \$600 Million of that cost is directly paid by our Medicaid program.

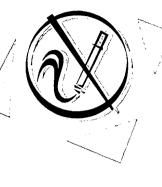








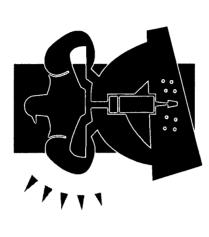
According to the Centers for Disease price of a pack of cigarettes, through Control and Prevention, raising the way to prevent children, pregnant a tax, is the MOST EFFECTIVE women and other adults from



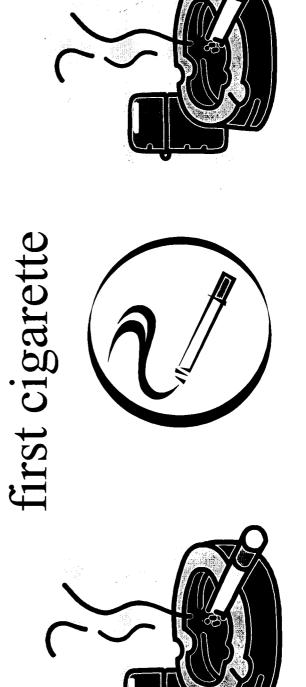
smoking

Tax increase will not hurt North Carolina Farmers or Industry.





75 cent increase will only reduce demand for North Carolina leaf by 1/10 of 1 percent. Increasing North Carolina's cigarette smoking by 17.3% and save 113,000 children from ever picking up that tax by 75 cents will reduce youth



# STATE CIGARETTE TAXES

\$1.00 - \$2.05 AK, AZ, CT, HI, MA, MD, ME, NJ, NY, OR, PA, RI, WA

average

\$0.73

\$0.05

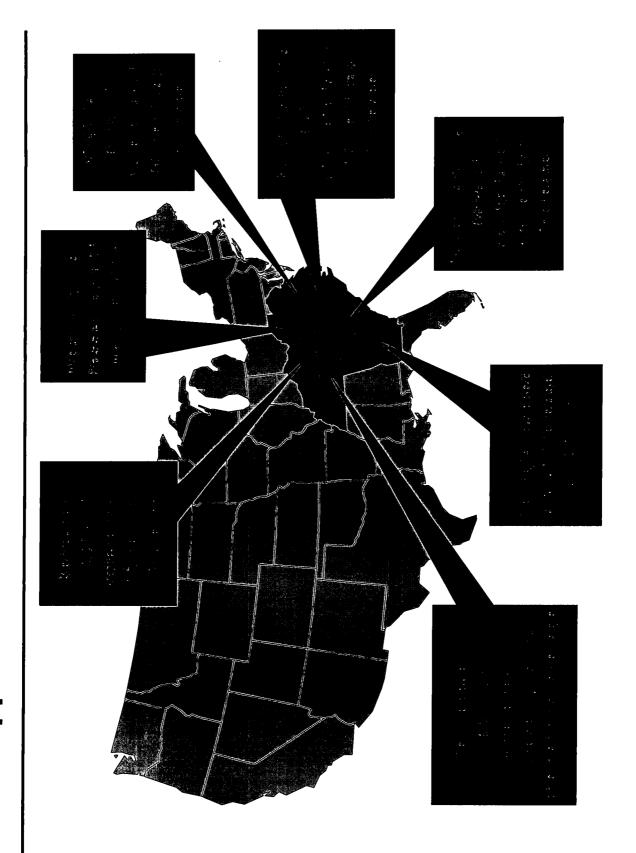
NC

Sn

NC's tax is 3<sup>rd</sup> LOWEST in the nation

NC is a prime source state for cross-border sales

Support For Tobacco Tax Increases

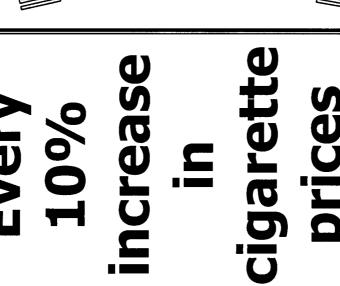


# STAIL SEPTEMENTS SAFS

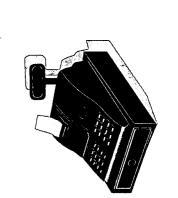


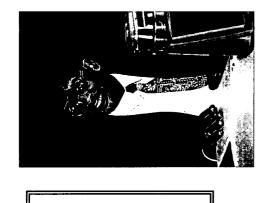
Save 33,800 NC children from premature death

### 10% Every









3-5% decrease in overall smoking

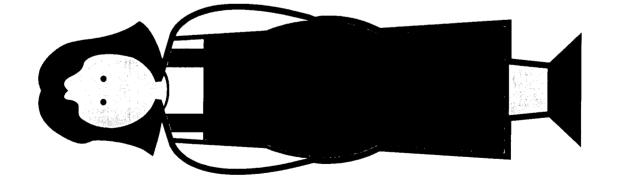


in youth & pregnant smokers



\$0.75 increase in cigarette
tax

17.5% decrease in
smoking among NC
pregnant women



## Sale vital programs





Health care insurance for children

Jops

Public schools

Medicaid

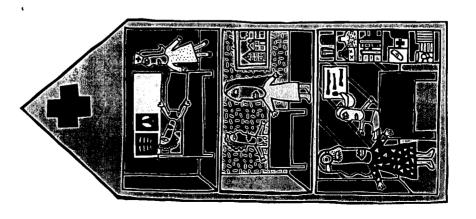
Mental health

Public libraries

Meals on Wheels







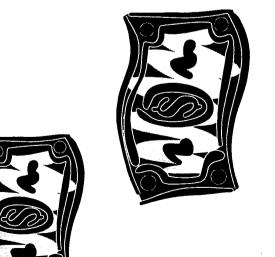


A \$.75 cigarette tax increase would generate

## ~\$380 million in revenue

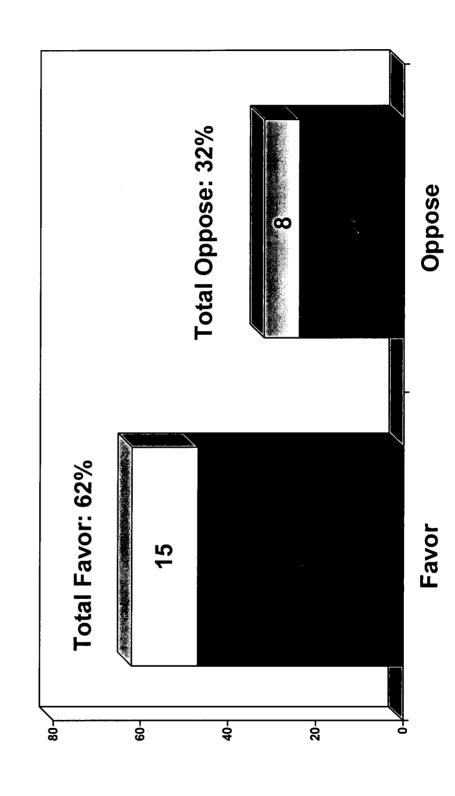






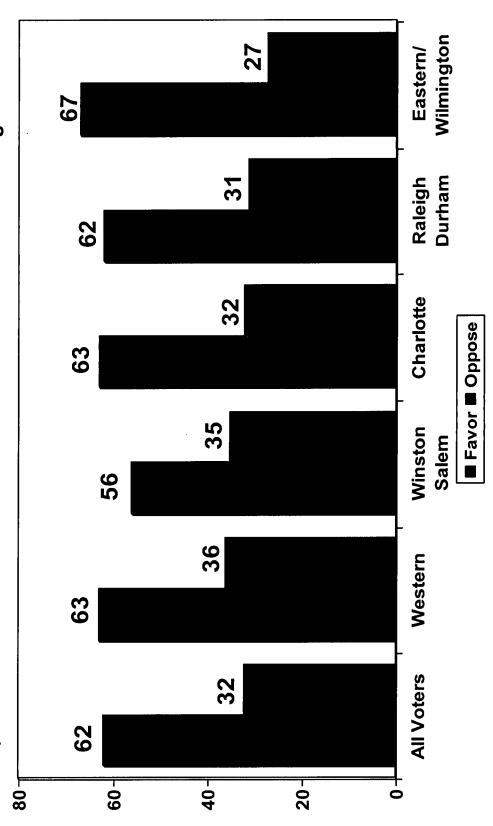
# **NC voters support a cigarette tax increase**

Would you favor or oppose a 50-cent per pack increase in the state reduce tobacco use, particularly among kids, and the rest of the tobacco tax, with part of the revenue dedicated to a program to revenue used to address the state's budget deficit?

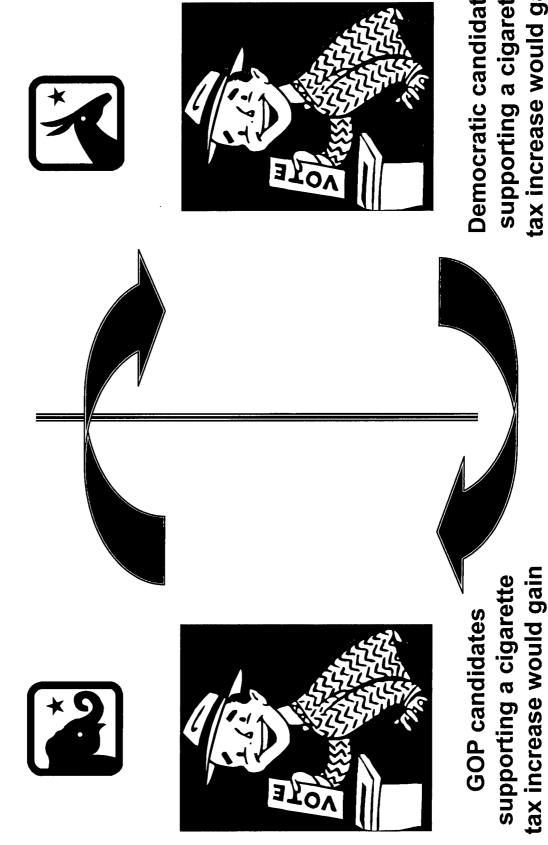


## **SUPPORT ACROSS THE STATE**

part of the revenue dedicated to a program to reduce tobacco use, particularly among Would you favor or oppose a 50-cent per pack increase in the state tobacco tax, with kids, and the rest of the revenue used to address the state's budget deficit?



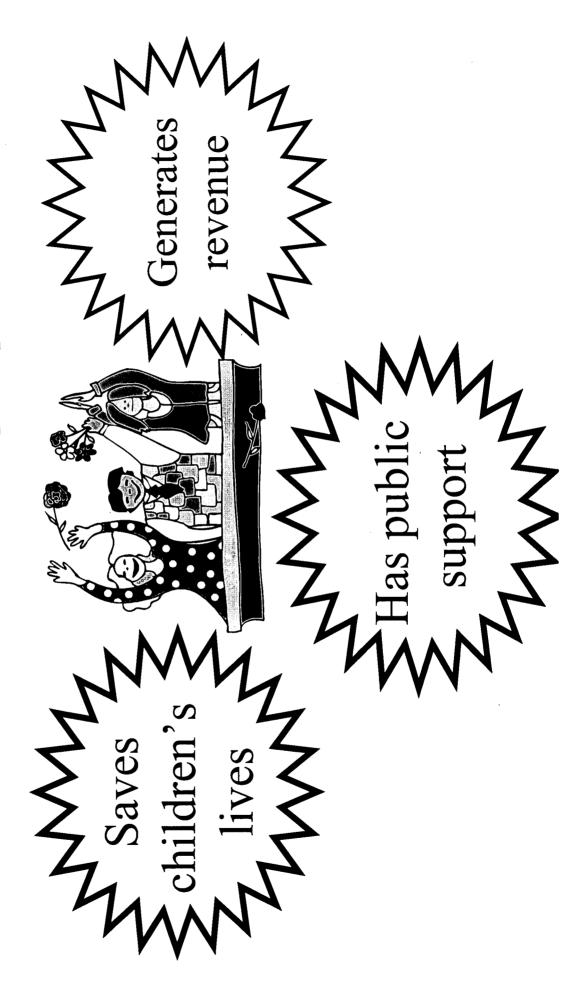
# NC voters would switch parties to support a cigarette tax increase



tax increase would gain Democratic candidates supporting a cigarette 20 points

16 points

### A cigarette tax increase is a WIN-WIN proposal!





Our children do deserve a heathier future. Can we afford to wait any longers

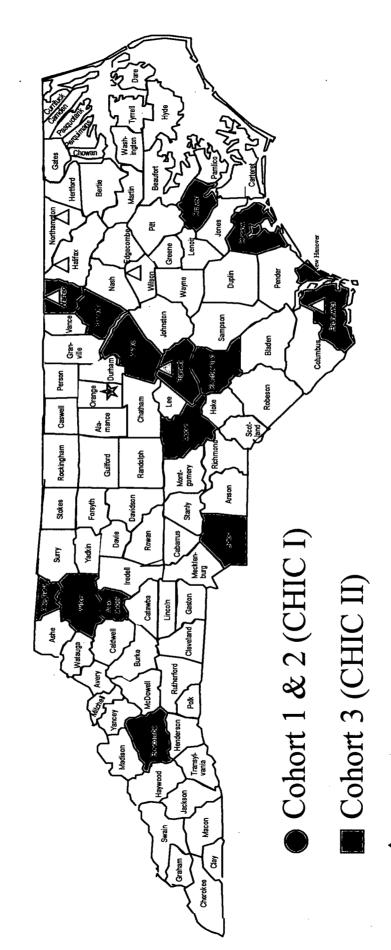




Medical Review of North Carolina Peg O'Connell, JD 1-800-682-2650

Poconnel@mrnc.org

## North Carolina Counties Participating in the Cardiovascular Health in Children Study



 $\triangle$  Cohort 3, 4, & 5 (CHIC III)



# Cardiovascular Health in Children and Youth Publications 4/6/2004

- 1. Harrell, J.S., Pearce, P.F., Hayman, L.L. (2003). Fostering prevention in the pediatric population. *Journal of Cardiovascular Nursing*, 18(2), 144-149.
- 2. Rubin, D.A., McMurray, R.G., Harrell, J.S., Bangdiwala, S., Waag, B. (2003). Accuracy of three dry chemistry methods for lipid profiling and risk factor classification. *International Journal of Sport Nutrition and Exercise Metabolism*, 13(3), 358-369.
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- 4. Harrell, J.S., Pearce, P.F., Trivett, E., Wilson, K., Bradley, C., McMurray, R.G. (2003). Assessing physical activity in adolescents: The common activities of children in 6<sup>th</sup> 8<sup>th</sup> grades. *Journal of the American Academy of Nurse Practitioners*, 15(4), 170-179.
- 5. McMurray, R.G., Harrell, J.S., Bradley, C.B., Deng, S., Bangdiwala, S.I. (2003). Gender and ethnic changes in physical work capacity from childhood through adolescents. *Research Quarterly for Exercise & Sport*, 74:143-152
- 6. Gilmer, M.J., Harrell, J.S., Miles, M.S., Hepworth, J.T. (2003). Youth characteristics and contextual variables influencing physical activity in young adolescents of parents with premature coronary heart disease. *Journal of Pediatric Nursing*, 18(3): 159-168.
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- 12. Speck, B.J., Bradley, C.B., Harrell, J.S., and Belyea, M.J. (2001). A food frequency questionnaire for youth: psychometric analysis and summary of eating habits in adolescents. *J Adolesc Health*, 28(1):16-25.
- 13. Bradley, C.B., McMurray, R.G., Harrell, J.S., and Deng, S. (2000). Changes in common activities of 3rd through 10th graders: the CHIC study. *Med Sci Sports Exerc*, 32(12):2071-8.

- 14. McMurray, R.G., Harrell, J.S., Deng, S., Bradley, C.B., Cox, L.M., and Bangdiwala, S.I. (2000). The influence of physical activity, socioeconomic status, and ethnicity on the weight status of adolescents. *Obes Res.*, 8(2):130-9.
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- 16. McMurray, R.G., Bauman, M.J., Harrell, J.S., Brown, S., and Bangdiwala, S.I. (2000). Effects of improvement in aerobic power on resting insulin and glucose concentrations in children. *Eur J Appl Physiol*, 81(1-2):132-9.
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# CARDIOVASCULAR HEALTH IN CHILDREN AND YOUTH

(Funded by the NIH, National Institute of Nursing Research, Grant No. NR01837-10, 1989-2004.)

Principal Investigator: Joanne S. Harrell, UNC-Chapel Hill, School of Nursing

joannesh@email.unc.edu

# Is obesity a problem in NC children?

Overweight (≥ 95<sup>th</sup> percentile for age and gender)

	<u>1990</u>	<u>2000</u>	
US	11.0%	15.3%	
NC-CHIC	17.6%	30.7%	

Risk for overweight (≥ 85<sup>th</sup> percentile < 95<sup>th</sup> percentile for age and gender)

	<u>1990</u>	<u>2000</u>
US	11.3%	15.0%
NC-CHIC	17.0%	16.5%

Both overweight and risk for overweight (≥ 85<sup>th</sup> percentile for age and gender)

	<u>1990</u>	<u>2000</u>
US	22.3%	30.3%
NC-CHIC	34.6%	47.2%

Percentages from US are from children 6-11 years of age, percentages from NC – CHIC are from children 8-10 years of age. [Unpublished CHIC III data, do not share]

# What are the health risks of obesity and physical inactivity?

The metabolic syndrome is also a precursor of type 2 diabetes. Studies have shown across the US that the incidence of type 2 diabetes in children has increased dramatically in recent years. One direct culprit of this trend may be the increase in childhood obesity.

The metabolic syndrome is a clustering of the cardiovascular disease risk factors:

- > high blood pressure,
- > elevated triglycerides,
- > low levels of high-density lipoprotein ("good" cholesterol)
- > glucose intolerance,
- > elevated insulin levels and
- > excess body weight

Data from the CHIC III Study shows that <u>one in eight</u> school children have <u>three or more</u> risk factors of the metabolic syndrome (reported at American Heart Association's Scientific Sessions 2003). "These were regular, normal kids, but we found risk factors that are clear danger signs for the future. If nothing is done, a good number of these children could develop type 2 diabetes and heart disease", Harrell said.

Other conditions associated with obesity include orthopedic complications, psychological effects, sleep apnea, and asthma. A recent study demonstrated the association between obesity and decreased quality of life, specifically dimensions related to psychosocial health, self-esteem, physical functioning, and the impact on parental emotional well-being in school-aged children. (Friedlander, 2003).



# The **CARDIOVASCULAR HEALTH IN CHILDREN AND YOUTH** studies have been following children in NORTH CAROLINA for over 10 years.

Funded by the NIH, National Institute of Nursing Research, Grant No. NR01837-10, 1989-2004.

Principal Investigator: Joanne S. Harrell, UNC-Chapel Hill, School of Nursing

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In CHIC I and II, we showed that risk factors for cardiovascular disease (including obesity) CAN be improved with physical activity interventions in elementary and middle schools.





In CHIC III, we followed children in Halifax, Northampton, Warren, and Wilson Counties. We have collected data on the influences of risk factors for type 2 diabetes, including obesity.



**Children in rural areas** of NC and populations with higher minority rates have an increased risk for obesity and the chronic conditions associated with obesity. These children also have less access to safe and convenient recreational areas and facilities in which they can get regular physical activity.

Knowing that PE programs can and do make a difference in the health of our children, implementing a requirement of daily PE is an obligation we have to make for NC children.



# CARDIOVASCULAR HEALTH IN CHILDREN AND YOUTH

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# **CARDIOVASCULAR HEALTH IN CHILDREN AND YOUTH continued**

# What is the cost of obesity?

The economic burden of childhood obesity, in terms of annual obesity-related hospital costs, has increased 3-fold over the last 20 yrs., reaching \$127 million per year (1997-1999). (Wang, 2002). The CDC used state cost data for 1998-2000 to predict annual cost of obesity. In North Carolina, annual state level estimates reached over 2 million dollars!

"Unless programs aimed at reducing the rise in obesity rates are successfully implemented, overweight and obesity attributable spending will continue to increase and government will continue to finance a sizable portion of the total" (Finkelstein, 2003).

# What are the benefits of physical activity in school children?

Of course, the primary mission of schools is to provide quality education, but an effective physical education program in schools can also facilitate learning. The California Department of Education announced the results of a study in which they showed a distinct relationship between academic achievement and the physical fitness of California's public school students. http://www.cde.ca.gov/news/releases2002/rel37.asp

# What is being done?

An increase in the incidence of type 2 diabetes in youth, due in large part to the epidemic of increased obesity, will continue to escalate unless effective interventions can be implemented. Currently, Dr. Harrell is working with co-investigators across the U.S., funded by the NIH, to develop and test school-based environmental and lifestyle interventions for the prevention of type 2 diabetes in middle school students.





# Childhood Obesity: a Lurking Health Risk



atricia Verdugo got used to being the biggest kid in class, her round figure dwarfing her classmates even in kindergarten. She learned to take it when the other kids called her "fatso"--and other names she'd rather not repeat. She quietly sat out as scorekeeper during kickball at school, though she loves to play the game.

With 220 pounds on her 4-foot-10 frame, her knees couldn't take the punishment. She was gaining an average of 10 pounds a month when they broke--collapsed, really--under the burden of her body. Now, the third-grader sometimes leans on a cane. She winces when her 280-pound father merely mentions the daily doses of insulin he takes to control his diabetes, but she knows the needles she dreads may become a fixture in her own life. Doctors say she's poised on the edge of disease herself.

These extra pounds, often a source of shame and inconvenience, have become a serious--and scary--health problem.

"I don't want diabetes because I'll have to get shots," she said, her eyes filling with tears.

"It's hard" to watch, said Jerry Verdugo, 36, gazing tenderly at his daughter from across their Palmdale living room. "You go through it . . . you don't want your child to go through it."

American children face this ordeal in rising numbers. About 11% of 6- to 17-year-olds are obese, and twice that number are overweight. That's up from 5% who were obese and 15% who were overweight in the 1960s.

Far from just a cosmetic problem, obesity is considered by

some experts to be one of the greatest medical risks faced by American children today. Besides diabetes, short- and long-term consequences may include orthopaedic problems, premature puberty, respiratory complications, hypertension, heart disease and certain cancers--not to mention reduced self-esteem and socio-economic achievement.

"It is an impending time bomb," said Naomi Neufeld, a UCLA paediatric endocrinologist. "It's not going to kill them tomorrow, but in terms of a threat to long-term health, it affects more children than any other disease."

For all its impact on young lives, childhood obesity is only beginning to be understood. Though weight gain among U.S. youngsters spans age categories, economic classes and ethnic groups, it may have different causes depending on each factor. And it eludes the standard "adult" solutions of crash diets and prescription pills--questionable even in grown-ups--because a child's growing body depends on balanced nutrition to thrive.

In general, however, experts believe that there are some common causes among the young: poor nutrition education, paltry opportunities for exercise, too much TV, the glorification and over-consumption of fast-food--health menaces to everyone, fat and thin, young and old. In addition, they cite psychological and cultural factors: the concept of food as love, for example, and the equation, particularly among disadvantaged groups, of fat with healthfulness.

Perhaps more than anything, these problems are rooted in the family, in entrenched food purchasing, eating and activity patterns. Many experts believe that they call for family solutions.

But parents may be poor role models. More than a third of adult Americans are overweight, and their children tend to take after them. Some parents are afraid even to broach the subject for fear of precipitating a lifelong eating disorder. Others mercilessly blame themselves or, at the opposite extreme, deny that it is a problem until a child's health suffers.

Many doctors, not well informed on the subject, offer bland, out-the-door advice such as, "Don't feed them so much." And while physical education has been dramatically curtailed in public schools, there are few outside programs geared to youngsters whose weight is soaring.

Still, some clinicians and researchers see attacking the complex problem of childhood obesity as an opportunity. In young people, they argue, there is still so much potential for

change.

"I think there are things we can do," said Steven Gortmaker, co-author of a famous study linking obesity to television viewing. "The fact is, we haven't done them."

# Sedentary Lifestyle

Why does fat run in families? And why, in particular, does it run in American families?

The deceptively simple answer is that children, and their elders, take in more calories--often fatty, sweet or nutritionally empty--than they burn off.

Most experts agree that weight gain is the product of some combination of genetic and environmental factors—with genes accounting for about 25% of the variation among individuals, according to one widely cited estimate.

But environment gets most of our attention because it counts more and it is, at least theoretically, under our control. Given the dramatic rise in childhood obesity in less than a generation, the American environment, clearly, is becoming more fattening.

"The very act of living in the United States puts you at great risk for obesity," writes Michael Fumento, author of a book that rails against the sedentary American lifestyle.

In fact, becoming "acculturated" in the United States is considered a risk factor for immigrant families, says UC Davis nutrition educator Marilyn Townsend.

The Verdugos know all about that.

"The first thing you do here is get yourself a car and drive everywhere," said Patricia's mother, Joy, a medical receptionist whose family emigrated from Mexico when she was a year old. "Whatever colour you are, you get lazy. . . . You sit down or stand for eight hours, go home and drive through a burger joint. . . .

"Me, I grew up on fast foods and frozen dinners.
Unfortunately, I have [transferred] that to my children."

In Mexico, where Jerry spent most of his youth, "if we wanted meat, we had to go chase it," he said. "Here . . . you go spend your paycheque at the store." Research has shown that certain minority groups, especially African American and Mexican American women, are at greater risk for obesity as adults. Though the differences are not as pronounced in children, the pattern emerges as early as pre-school.

# **Fat-Storing Differences**

One theory holds that people who come from plant-based societies, like Mexico, where high-calorie food is scarce, are more adept at storing fat, says David Heber, director of UCLA's Centre for Human Nutrition. That becomes a liability when rich food is plentiful and relatively cheap, as in the United States.

An extreme example is the Pima Indians in the Southwest, who are considerably fatter and more prone to diabetes than their relatives south of the border.

But genetics vary more among individuals than they do among populations--and the fact is that all types of children are getting fatter in this country.

The environmental reasons vary by family, location, ethnic group and economic status. One large-scale study of 9- and 10-year-old girls in Oakland showed that white girls from unemployed and less well-educated families were more prone to be overweight than other whites.

For black girls, socio-economic status was not an issue, but obesity--as with white girls--was associated with having an older mother, being physically more mature and living in a smaller family. Researchers speculated that parental overindulgence might be a factor.

"The mechanisms I think are still unclear," said Pat Crawford, a UC Berkeley researcher who is working on the ongoing study. "If we had the answer, we would be quite famous."

It is a paradox that in a country obsessed with slimness, an obesity epidemic is raging. But Kate Moss is not for everyone.

To some minorities, immigrants, families in poverty and others, such skeletal supermodels are not icons of beauty-and they are wildly unrealistic.

"The American ideal is being thin, 105 pounds, white and blond," said Sauti Glenn, a middle-class African American mother from Carson. "We'll never be that. . . . We are a big people; we are usually bigger [than whites]. It's more accepted for black people. [We] don't think it's unattractive."

What concerns Glenn and her 15-year-old daughter, Kylah, is not the fashion trends of well-off whites, but their own health. By that measure, Kylah, in whom diabetes was recently diagnosed, is in the danger zone. Now their entire family of four--all of whom are large--struggle together to eat fewer fried burgers and more broccoli.

"You'd have to be one of the strongest people in the world to do it by yourself," Kylah sighed.

Different ideals of body size grow out of culture and experience.

In Mexico, where food can be scarce, and in some African American households, where low birth weight historically has been a problem, a fat child is often seen as a healthy child. Even as the child matures and enters adulthood, excess padding tends to be more tolerated.

For families living in poverty, piling on pounds--in another paradox--may be a function of a deprived environment. Poor children have fewer safe places to burn off energy, and their parents have more limited shopping options.

Nutritionist Christiane Wert, who works with UCLA endocrinologist Neufeld, said she is struck by the variation in market goods in well-to-do and low-income neighbourhoods.

Stores in downtown Los Angeles, catering to minorities and recent immigrants, tend to offer more sugar-laden drinks, limited green vegetables of variable quality, and a paltry selection of low-fat frozen dinners, snacks and dairy products, she said. A few miles away, at stores in Beverly Hills, the produce is bountiful and vibrant, the low-fat and low-sugar goods abundant.

"For low-income families, it's a lot more difficult" to find healthy food, Wert said. "It has to be a committed mother or father that's willing to take time when they go to the grocery store."

#### **Effects of TV Cited**

Despite the differences within the American environment, the escalation of childhood obesity has some common culprits that keep children on the couch and off the blacktop.

The greatest of these may be TV. Not far behind, experts say, are television's technological cousins, computers and video games.

In a 1996 study, Harvard's Gortmaker and his colleagues found that youths who watched more than five hours of television per day were nearly five times as likely to be overweight as those watching less than two hours. The relationship held true despite adjustments for ethnicity, economic status and other factors.

To Gortmaker, the world of cheap, vicarious thrills, "the video life" perpetuated by "the inactivity industry," is the fat

child's nemesis. The consequences worsen as the channels expand and more adults rely on television as a bargain baby-sitter. Compounding the effects of numbing passivity, researchers say, are the snacks children tend to eat while watching and the alluring TV advertisements for additional treats.

The hours of television are most harmful for what they replace: Tag, jump rope, neighbourhood ball games--the general physical activities of youth.

Kids aren't burning as much fat in school either. Public schools, in a cost-cutting mode, have slashed physical education requirements. In California, teachers may sandwich PE haphazardly between "real" subjects. The high school requirement is two years, cut from four two decades ago.

Innovative fitness programs have blossomed here and there and the state has a comprehensive PE plan, but critics complain that the plan is not enforced and that co-ordinated leadership is lacking from education administrators in Sacramento and Washington.

"I think a lot of teachers are aware that kids need to get out and run," but there is far more focus on teaching and testing academic skills, said school nurse Kit Dreyfuss of the Santa Monica-Malibu Unified School District. "Society needs to get with the program and realise that we are both body and mind."

The problem extends beyond schools--to American communities that often are hostile to fitness seekers, says Walter Willett, a Harvard public health professor and bicycle commuter. "We spend hundreds of billions of dollars making it difficult to ride bikes safely. The redesign of the urban and suburban environment has got to start sometime."

Dwindling physical outlets are most distressing, say some experts, because exercise is a far more desirable means of weight control than calorie cutting. Some argue that systematic dieting is dangerous for growing youngsters.

"I think you're on a slippery slope, taking a 10- or 12-yearold and telling them to restrict calories. If you can get them physically active, you can put it in a positive vein, and you avoid getting them into bulimia" and other nutrition problems, said Charles Kuntzleman, a professor of kinesiology at the University of Michigan.

Others say the real problem is not food intake or inactivity, per se, but the psychological troubles they represent.

Laurel Mellin, an associate professor at UC San Francisco,

argues that obesity is rooted in "weak nurturing" and ineffective limit-setting within the family.

"Instead of thinking about it as how much fat is on the body, think about it as an indicator of distress in our children," said Mellin, who has developed a treatment program called Shapedown based on these ideas. "The underpinnings are permissiveness and deprivation in the family environment. They cause the same effect: The child does not develop the skills to be responsible for themselves. They are at risk of seeking an external solution."

# Food as an Enemy

It seems, to some overweight kids, that the world is against them.

"Have you seen that movie, 'Omega Man?' " asks Eric Radulovic, 12, who at 5 foot 6 weighs 186 pounds. "A neutron bomb hits--some people die and a lot turn into mutants. [The hero] has to destroy them. That's the way I feel. It's one guy against the army. . . . The army is food and the [other] kids."

Last year, Eric was in so many fights at school he had to transfer to another campus. He said groups of bullies--three or more boys all smaller than he--attacked him because he was fat.

"I had to defend myself," he said.

At home in his Hollywood apartment, he fights his other enemy: food. His mother, an Egyptian immigrant who dotes on the boy she is rearing by herself, shows her love by cooking, feeding and offering more. In the same way, she shows hospitality to a dinner guest, pushing seconds and thirds, and complaining, "You don't like!" when rebuffed.

Eric knows this routine well.

"Mom forces food on me," he says, shooting his mother a reassuring smile.

"I am scared he will be faint," she responds.

Back in Cairo, Fawzia Radulovic's mother doted in the same way, never allowing her daughter to leave home without a care package. But Fawzeh has another explanation for her son's weight problem--depression. The boy was devastated four years ago after the Northridge earthquake, which destroyed their previous home and killed his dog. That's when the pounds really piled on.

Whatever the reasons Eric eats--and they are probably complex--he is slowly taking the pounds off. A doctor-

referred him to one of the few family-oriented programs in the Los Angeles area--called Kidshape--designed especially for children who are overweight. So far, he says, he's dropped 38 pounds.

Kidshape represents one doctor's hope for a solution. Like several other programs for children in California and the country, it is founded on the notion that change comes in tiny increments, that family involvement is key, and that children respond best to positive incentives.

"You can't give up on kids," said Kidshape founder Neufeld, echoing a sentiment of many adults studying and treating child obesity.

"Children have the greatest potential for learning and change! If you provide them with the tools, the amazing thing is how well they respond. . . . This is the ideal time [in their lives], before bad habits are formed."

The idea is moderation--slow, steady and ideally lasting transformation. One of the eight-week Saturday morning sessions for parents and children, for example, is devoted to portion sizes. Dietician Shannon Duffy drew gasps from her class last month when she revealed that the recommended intake of fruit juice, daily, is a mere splash-half a cup. She awed them with the recommended portion size for meat, as well: It's no bigger than a deck of cards.

Joy Verdugo and her daughter drive to the two-hour classes every week, 120 miles round-trip from Palmdale to Westwood. When Joy runs late, Patricia urges her on.

"I want to lose weight," her 9-year-old daughter says.

Neufeld just wants the kids, many of whom either have or border on diabetes, to get healthy. "They are not going to be Kate Moss," and Neufeld doesn't want them to be. She sees such waif-like models as the flip side of the obesity problem, the opposite--and equally undesirable--extreme.

The classes aren't for everyone. One 7-year-old boy, who weighs 110, was blunt. "I don't like it. It's a little bit of a waste of my Saturday." But his mother, who lives in Beverly Hills, is an eager student, learning to relax her anxiety about "policing" her son's food intake.

Neufeld knows her program is just a start, serving maybe two dozen families a session.

But she sees promise in starting here, in a UCLA basement on Saturday mornings, bringing parents and children together to hear messages about healthy living. "We are a tenth of a drop in a huge ocean," she said. "But our families are making better choices."

# **Help for Slimming Down**

Programs for overweight youngsters and their families:

- Academy of Health and Fitness—Juniors and seniors at Redondo Union High School and elsewhere prepare for health careers and educate other students about health, nutrition and fitness. Contact: Les Congelliere, (310) 798-8665, Ext. 2049.
- ★ California Project Lean-Food on the Run— Program promotes healthful food choices, physical activity for high school students and families. Operates at 10 lower-income schools state-wide, including Colton and San Fernando. Contact: Cyndi Guerra-Walter, (916) 322-1555.
- ★ Health Champions—Santa Monica-Malibu Unified School District program promotes good diet, exercise and lifestyle. Includes health screening. Contact: Kit Dreyfuss, (310) 450-8338, Ext. 205.
- ★ KidShape—UCLA-based classes promote healthy lifestyles. Costs about \$60 per week; financial aid available. Contact: Naomi Neufeld, 1-888-600-6444.
- \* Shapedown—Family-based program developed at UC San Francisco develops parents' nurturing and limit-setting skills; helps children accept responsibility for diet and activity. Group and individual sessions state-wide. Cost varies. Contact: Balboa Publishing, (415) 453-8886.
- ★ Shapers—Workshops in nutrition, activity and behaviour modification for adults, teenagers and children in San Francisco Bay Area, offered through hospitals and medical groups. Full workshops run \$50 to \$100. Contact: Laura Wallace, 1-888-7SHAPER.
- ★ Sparthenian program—Unique Clovis High program requires four years of physical education (state requires two). First two years introduce physical activities and wellness instruction; last two offer electives, from competitive sports to snorkelling. Contact: Cliff Wetzel, (209) 299-7211.

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no. 9.317

# **Childhood Obesity**

by P. Kendall, K. Wilken and E. Serrano<sup>1</sup>

# Quick Facts...

- Obesity in early childhood can lead to adult obesity.
- Genetics and family environment play a role in childhood obesity.
- The goal for obese children should be to maintain weight or reduce the rate of gain.
- Encourage obese children to be active, turn off the television, and develop healthful eating habits.

Obesity is a growing problem among U.S. children. In 1994, one in five children between the ages of 6 and 17 was overweight. This is double the rate of 30 years ago. This adverse trend has potentially profound effects on children's health, including their long-term health.

# **Diagnosis**

The terms "obese" and "overweight" often are used interchangeably. Technically, "obesity" is the upper end of "overweight."

Obesity is clinically diagnosed as:

greater than 90th percentile for weight for height; or greater than or equal to the 95th percentile Body Mass Index (BMI), age and sex specific.

The gold standard is becoming the BMI, since this is also used for adults.

# **Effects of Obesity**

Obesity has wide-ranging impacts on a child's health.

Physical health. Obesity has been linked to several diseases and conditions in adults, such as heart disease, cancer and diabetes. Many risk factors associated with these

diseases, such as high cholesterol, blood pressure and triglyceride levels, can be followed from childhood to adulthood. This points to a potential link between childhood health and long-term adult health. Overweight children are more than two times likely to have high levels of cholesterol. Aortic fatty streaks, the first stages of atherosclerosis, begin to appear in childhood, maybe even as early as three years old. Also, children with triceps skinfolds greater than the 70th percentile have significantly higher blood pressures. In the past few years, Type 2 diabetes has risen dramatically among children and adolescents. Experts believe this increase is due to the high rate of overweight and obesity.

Persistence into adulthood. One of the biggest concerns is that obese children are more likely to become obese adults, with all of the health, social and psychological ramifications. Three important factors are age of onset, severity, and parental obesity. In a review of literature, Serdula found the risk for adult obesity was greater among children who had extreme levels of obesity. They also found that the risk was higher for those who were obese at older ages, such as in adolescence (Serdula <sup>2</sup>). Parental obesity may double the risk for adult obesity too (Whittaker<sup>3</sup>).

Psychological and social health. Obesity has social, psychological and emotional consequences. Our society emphasizes slimness, and we have many misconceptions about overweight and obesity. As a result, obese children often are treated differently. This may be the most devastating effect of obesity on children. Obese children may feel isolated and lonely. This can lead to self-esteem and identity problems. It is important to be sensitive to this issue and to understand that an individual's confidence, especially a child's, is affected by self-image and perceptions of peers.

# Causes

Preventing and treating obesity is difficult. Causes are different from person to person and are still not fully understood. They include genetics, the environment and behavior.

Genetics. It has been shown that children with obese parents are more likely to be obese. But is it for genetic or environmental reasons? One estimate says that heredity contributes between 5 and 25 percent of the risk for obesity. The remaining risk is attributed to environmental and behavioral factors. Others believe that genetics may play a bigger role. Regardless, the interrelationship between genetics and the environment is clear: Parents provide genes, role models, and food.

Dietary patterns. U.S. dietary patterns have changed significantly over the past few decades. Overnutrition has replaced undernutrition as the largest nutrition-related problem facing both children and adults. Although the percent of calories from total fat have declined over the past 30 years, total calories have increased. Soft drink consumption has also boomed, adding more calories and less nutrients to Americans' diets. Our environment also supports "oversize" through large portion sizes at restaurants. These trends play roles in the increasing rate of obesity, along with lack of physical activity.

Research studies differ on whether obese consume more energy (calories) than non-obese individuals. Some show they do consume more; others show they may consumer fewer calories. The big difference may be in the type of nutrients that they consume, such as fat. For example, Gazzaniga, et al<sup>5</sup> found that the percentage of body fat was positively

correlated with total dietary fat. Still, other researchers suggest that the reasons are metabolic in origin and that obese individuals "process" foods differently resulting in an increase in body fat. Although how these factors affect obesity are not fully understood, one thing is clear: Obesity results when energy intake exceeds energy expenditure and is stored as fat.

Parent-child relationships. Ellyn Satter, author of Child of Mine: Feeding with Love and Good Sense, firmly believes in the importance of "the feeding relationship" and its implications for obesity. The feeding relationship is the interaction that takes place between parents and children around food. Obese children need to learn to listen to their internal cues of hunger and appetite. Parents and childcare providers must help them do so. This includes encouraging children to eat according to these cues, while acknowledging the emotional aspect of feeding and eating. A restrictive diet may make the child feel deprived and neglected, and exacerbate the overeating problem.

**Television.** Children and adolescents who watched the most TV were more obese than peers who watched it less. In general, the more TV they watched, the greater the prevalence of obesity. There are several ways television contributes to childhood obesity:

- Watching TV requires no energy above resting metabolic rates.
- TV reduces the time the child spends in energetic activities, such as running and playing. In other words, it's not what the child is doing but rather what he/she is not doing while watching TV.
- The foods most heavily advertised on TV are high in calories: candy bars, sugared cereals, etc.
- The slim figures of TV stars may indirectly suggest to children that high calorie food and drinks have little effect on weight.
- TV characters are typically snacking, not sitting down for well-balanced meals.

**Physical activity.** Studies conducted in the last 20 to 30 years show a strong correlation between obesity and lack of physical activity. Nearly half of youths aged 12 to 21 years old are not vigorously active on a regular basis (20 minutes, three times a week).<sup>8</sup>

# **Treatment**

Lifestyles and behaviors are established early in life. Therefore, it is important to focus early on healthful behaviors. The first step is to assess the readiness of the child and family to engage in a weight-management program. Review the child's diet and physical activity habits. The primary goals of obesity therapy should be healthful eating and activity.

**Involve the family.** Begin treatment early, involve the family, and make step-by-step permanent changes.9 "Parenting skills are the foundation for successful intervention that puts in place gradual, targeted increases in activity and targeted reductions in high-fat, high-calorie foods. Ongoing support for families after the initial weight-management program will help families maintain their new behaviors." <sup>9</sup>

Maintain weight. A goal of weight maintenance versus weight loss depends on age,

baseline BMI percentile, and whether the child has any medical complications because of obesity (such as hypertension and high cholesterol). Unless the child is severely obese, weight loss is not recommended for the overweight school-age child. Severe caloric restriction could compromise growth, delay the onset of maturity, and even enhance emotional overeating. The goal generally is to maintain weight or reduce the rate of gain. If weight is maintained while height increases, the percentage of body fat will decrease without compromising lean body mass and growth.

Eat healthfully. There are several constructive ways for parents to help their child slim down:

- Assess dietary intake. Monitor portion sizes.
- Modify food preparation if needed. Reduce the use of fats and sugars. Learn to modify recipes.
- Use the Food Guide Pyramid as a guide for healthful eating. Base meals and snacks on complex carbohydrates (breads, cereals, rice, pasta, grains).
- Wait a few minutes before giving additional servings. A break allows for you and your child to determine if hunger is the issue.
- Don't impose expectations about what or how much a child should eat.
- Encourage the child to listen to internal cues of satiety and hunger.

These changes may benefit all family members. Prudent diets have many health advantages, only one of which is weight control.

Encourage physical activity. Increased physical activity can decrease or at least slow the increase in fatty tissues in obese youth. Extended inactivity is not appropriate for normal, healthy children. In addition, inactivity in childhood has been linked to a sedentary adult lifestyle. Time, intensity and variety are three important concepts to enhance the impact of physical activity on health, as well as the child's interest in it. <sup>10</sup>

- *Time*: Children should take part in at least 60 minutes of age- and developmentally-appropriate activities every day.
- Intensity: Activity periods should last 10 to 15 minutes or more and include a range of intensities (moderate to vigorous).
- Variety: Children should engage in a variety of physical activities of various levels of intensity.

For best success, all family members should participate in the increased activity. Physically active parents and siblings serve as role models. They also provide good company for bike rides, walks or swims. Physical activity should be fun and make children feel good, not a chore they must do to lose weight.

The Centers for Disease Control have recommended that schools establish policies that promote enjoyable, lifelong physical activity among young people. <sup>11</sup> Their guidelines state, "Physical education should emphasize skills for lifetime physical activities (e.g., dance, strength training, jogging, swimming, bicycling, cross-country skiing, walking, and hiking) rather than those for competitive sports." These experts also recommend that fitness-enhancing physical activities become an integral part of the American family's lifestyle.

**Be realistic.** Ellyn Satter cautions that adults and children must have a realistic picture of the chances of weight-loss success. She stresses, "in weight reduction, there are very few Cinderella stories. Success in terms of weight loss may be limited, but success in terms of enhancing emotional well-being, nutritional status and physical capability may be considerable."

The following Cooperative Extension Web sites contain additional information about obesity particularly for parents:

www.extension.iastate.edu/Publications/NCR374.pdf www.oznet.ksu.edu/library/FNTR2/NCR598K.PDF

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Childhood Obesity Page 6 of 6

<sup>1</sup> P. Kendall, Colorado State University Cooperative Extension food and nutrition specialist and professor, K. Wilken, food and nutrition specialist; and E. Serrano, food and nutrition specialist; food science and human nutrition.

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# Weight Can't Wait

by Olson Huff, M.D.

Obesity is no longer considered an epidemic. Now, medical authorities say obesity – like its opposite, hunger and malnutrition — is a pandemic, a worldwide threat to health. The severity of the obesity pandemic, its origins, consequences, prevention and treatment are the subjects of increasing attention from a wide variety of interests.

And for good reason. Obesity is defined as thirty or more pounds over ideal body weight in adults and 20% above average for children of a given age and height. Obesity is now poised to replace tobacco use as the number one cause of preventable disease in America. Attention, in specific and definable ways, definitely is needed to counter the effects of this pandemic and assure better health for untold millions of the earth's citizens.

Consequences of obesity are well known. Over 70 million Americans are obese and more than 300,000 deaths annually are attributed directly to the harm it causes. These include arthritis, breast cancer, colorectal cancer, heart disease, type 2 diabetes, liver disease and stroke. The rapid rise of type 2 diabetes, as well as the severely increased risk of cardiovascular disease, is of grave concern to health care providers working with children and adolescents.

With costs already exceeding \$120 billion a year, obesity weighs heavily upon personal and public finances. Obesity is a monumental threat to our health – and our budgets -- that requires immediate attention. What, however, is that attention to be and how and where is it to be directed?

In North Carolina, we have taken important first steps to deal with this crisis, but we have a far way to go. The Health and Wellness Trust Fund Commission, which has the responsibility of directing a portion of North Carolina's tobacco settlement money, just has created an Obesity Task Force. This task force recently approved funding for 15 initiatives across the state for the next three years. Each of the initiatives will address the problems of obesity, nutrition and exercise with the goal of creating awareness and empowering communities to deal more effectively with this growing health risk.

Contradictions abound in both public and private sector responses to obesity. For example, school dieticians conscientiously are seeking to change school cafeteria menus (without reducing student's use of them) at the same that school administrators continue to bring in revenue-producing fast food, soft drink and snack vending machines. Moreover, school systems across NC have reduced or eliminated physical education.

While nearly everyone agrees that increasing physical activity is essential to dealing with obesity, the North Carolina State Board of Education has not yet mandated serious physical education and exercise for all students. We need to encourage policymakers to enact local school district policies that support healthy eating and physical exercise/education for NC's children.

Changes of the proportion needed to curb this pandemic will not be easy to initiate or sustain. It is encouraging that obesity is recognized now as a health issue -- and that organizations such as the Centers for Disease Control are beginning to equip health care providers with the tools necessary to combat it. Yet, the private sector also has to improve its responses to this crisis.

The National Institutes of Health estimate that greater than 6% of all health care costs are directly related to obesity. With only a few and rare exceptions, health insurance companies do not reimburse medical providers to help patients deal with obesity. With a documented 36% increase in spending for inpatient and outpatient treatment of obesity and a 77% increase in obesity-related medications, one would think that the health insurance industry would be eager to do everything possible to reduce such costs.

Yet, their shortsighted response is typical of this industry's lack of enthusiasm for preventative care. Health insurance companies would do themselves, and all the people they insure, a great favor if they awoke to the fact that paying for prevention is both wise and a bargain. An ounce of prevention still is better than a pound of fat!

Health is indeed a weighty matter. As adults, we have a personal responsibility to maintain our own health and to promote the health of the children in our lives. Public officials and health care providers also have crucial roles to play in reducing obesity and improving health. And, there is no excuse for health insurance companies to sit on the sidelines in the struggle to prevent and overcome this pandemic. All we have to lose is the weight of obesity.

\*\*\*\*\*\*\*\*\*

Olson Huff, MD is a Senior Fellow at the NC Child Advocacy Institute (<a href="www.ncchild.org">www.ncchild.org</a>), the former President of the NC Pediatric Society and Co-Chairman of the Obesity Task Force.



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**OVERVIEW** 

**PREVALENCE** 

**ASSESSMENT** 

FACTORS CONTRIBUTING

CDC GROWTH CHARTS (in PDF format)

MEDICAL & PSYCHOSOCIAL EFFECTS

TREATMENT

PREVENTION

RESOURCE LINKS

REFERENCES

POWERPOINT PRESENTATION

**CHILDHOOD OBESITY: OVERVIEW** 



Overview

Obesity is a widespread public health concern that affects adults and children alike.

Childhood obesity has been linked to increased risk for diseases such as:

- cardiovascular disease
- diabetes
- stroke
- certain cancers later in life

Child and adolescent obesity also increases the risk of:

- social stigmatization
- · depression among youth

With increasing numbers of children becoming overweight, health professionals need to search for effective methods of treatment and prevention to combat further increases in childhood overweight.

© 1999,The LET Program
Division of Epidemiology, School of
Public Health, University of Minnesota





# "Helping parents grow healthier, happier kids



Contact Kazabee , Inc.



PEDIATRIC WEIGHT MANAGEMENT

Kazabee, Inc. is pleased to announce its parnership with Committed To Kids to deliver a first rate program in the fight against childhood obesity. The program is designed to help overweight children achieve a healthier weight through gradulifestyle changes. The program has a place for normal weight children to prevent overweight obesity from becoming an issue

# Program Details:

Committed to Kids was originated over 15 years ago at Louisiana State University as a clinical research project. Kazabee, Inc. has adapted the clinical model to a community based model for Western New York. The program is 12 weeks in length, and involves weekly sessions of 2 hours ir length. One parent is required to participate in the program with the cl and will be given the same weekly goals as the child.

Committed To Kids involves Registered Dieticians, Youth Fitness Traine and Social Workers to combat childhood obesity from three fronts:

- Increasing physical activity in the child's daily life
- Improving nutritional education for the family for healthier eating
- Helping the family to develop strategies to change eating behavior positive way

To register for the program, simply contact us at <a href="mailto:ctk@kazabee.com">ctk@kazabee.com</a>. W will need your name, full address including zip code and your telephone number, as well as the age of your child.

Committed To Kids

When and where are classes? We have arranged to have classes held at multiple locations throughout Western New York. Registrants will be grouped in with other registrants who live in surrounding zip codes. Eacl group will be contacted and surveyed to see which day of the week is me convenient for everyone. Using this method of "reverse registration", we can insure that people are paired with a class location that is close to the and also that they have a class on the most convenient day of the week them to improve program compliance. Click here to download the releas form for your child's doctor to sign, clearing your child to participate in physical activity program. A box may pop up asking you for a password, click "Cancel" to disregard it.

If you have questions about the program, or wish to inquire about insurce reimbursement in the Western New York area, <u>click here</u> to send us a message.

# Information on Childhood Obesity

Source: www.committed-to-kids.com, with permission:

Obesity is one of the most significant health problems in the United States today. The number of seriously overweight children and adolescents has more than doubled in the last three decades. It is estimated that almost 30 percent of children and teens are overweight and the numbers appear to be rising. An overweight adolescent has a 70 percent chance of becoming an obese adult, and obesity can lead to a higher risk of life threatening health problems including high blood pressure, premature heart attacks and diabetes. Aside from the physical risks, overweight children can exhibit emotional ramifications secondary to peer ridicule and labeling, including lower self-esteem levels.

<u>Click here</u> to learn how to co child's Body Mass Index, and whether or not they are ove

#### COMMON CAUSES OF WEIGH

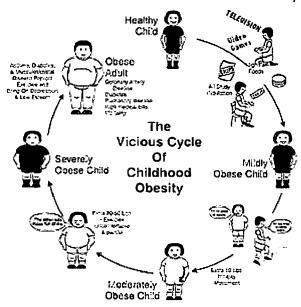
Eating large portions
Constant snacking
Eating fried foods
Eating junk foods
Using foods as a reward
Eating in front of the TV

Experts believe that children are I heavier due to a decrease in physic (modern transportation, television and video games) combined with th availability of higher calorie foods foods, higher-fat convenience food Though many heavy kids are labele is their size that actually limits th capabilities. The additional weight reduced endurance, leg pains from joints and often make simple activitaxing. Reduction in movement capexercise activities, combined with for reduced self-esteem increases

The average child spends 20-30 hours per week in front of the TV.

\* DiNubile, 1983

probability of continued weight gai term "The Vicious Cycle of Childha



Click the image above to see a larger version

While diets can help shed pounds, a comprehensive approach that includes exercise, nut behavior modification can result in long term success. A successful program should include

- Dietary intervention that is individualized and monitored by the health care team
- An exercise program that is safe, effective and realistic for overweight individual graduated and realistic exercise prescription, tailored to individual capabilities, additionally improve participation and long term compliance.
- Behavior counseling and family participation.
- Nutrition, exercise and behavior management education.



Real Player (183k)
A young member talks about why
she enjoys the program.

Original content, Kazabee name and Logo all Copyrights of Kazabee, Inc. 2

Tyleals

BUSINESS, D1 > Gas prices are expected to stay high for the next few months

► FOOD & NUTRITION, E1



www.journalnow.com

WEDNESDAY, MARCH 10, 2004

# top cause of deat

smoking as No. 1 death It is poised to overtake that can be prevented

THE WASHINGTON POST

Americans' sedentary lifestyles to overtake cigarette smoking as and poor eating habits are poised WASHINGTON the nation's leading cause of preventable deaths, federal health officials reported yesterday.

Although tobacco is still the top cause of avoidable deaths, the combination of physical inactivity and unhealthy diets is gaining rapdemic of obesity, officials said

the director of the JULIE GERBERDING federal Centers for catching up to toulie Gerberding, in America. If this will soon overtake obacco," said bacco as the leadng cause of death rend continues, i "Obesity

Disease Control and Prevention Based on current trends, obesi which conducted the study.

he toll surpassing 500,000 deaths a year, rivaling the annual deaths v will become No. 1 by 2005, with from cancer, the researchers "This is a tragedy," Gerberding

said. "We are looking at this as a

wake-up call."

education campaign, including a numorous advertising campaign hat encourages Americans to take tration announced a new public-In response, the Bush adminiscial task force will present the Food that agency can do to help reverse ion, the National Institutes of Health proposed an anti-obesity research plan. On Thursday, a speand Drug Administration with formal recommendations on what small steps to lose weight. In addi the rising public-health crisis.

"Americans need to understand hat overweight and obesity are lit-

See OBESITY, Page A6

# THERE'S MORE

time. The pill could be ■ One-two Punch: world's biggest killers by helping people quil available in a year or two, officials say, A6 attacking two of the weight at the same smoking and lose shows promise in stages of testing A pill in the final

# **JBESITY**

Continued From Page A1

Thompson, the secretary of health and human services, said in a statement. To know that poor eating habits and inactivity are on the verge of surpassing tobacco use as the leading cause of preventable death in America should motivate all Americans to take action to protect their health. We need to tackle America's weight issues as aggressively as we are addressing smoking and tobacco."

Critics, however, immediately denounced the moves as inadequate, saying that the administration should take tougher steps to encourage healthier eating and require the food industry to improve their products and stop advertising junk food to children.

"If the government said, 'You really ought to cut back on soft drinks and juice drinks,' those lobbyists would go berserk. They don't want to take on the food industry," said Marion Nestle, a professor of nutrition and public health at New York University. "The focus is all on physical activity. It's perfectly safe. It's totally uncontroversial. But it's not enough to keep weight under control."

The new estimates of the rising toll of obesity come in the first update of a landmark paper that ranked the nation's preventable causes of death in 1990.

Cigarette smoking, which increases the risk for a host of such illnesses as lung cancer, emphysema and heart disease, topped that list. But anti-smoking campaigns have led to a steady decline in the number of Americans who use tobacco, slowing the rise in the resulting toll of illness and death.

In the new analysis, which is being published in today's fournal of the American Medical Association, Gerberding and her colleagues conducted an analysis of the medical literature and analyzed preventable deaths for the vear 2000.

Tobacco still topped the list, accounting for 435,000 deaths, or 18.1 percent of the total. But poor diet and physical inactivity were close behind and rapidly gaining, causing 400,000 deaths or 16.6 percent. That represented a dramatic change from just 10 years earlier, when tobacco killed 400,000 Americans (19 percent) and poor diet and physical inactivity killed 300,000 (14 bercent).

"There's been a big narrowing of the gap," said Ali H. Mokdad, who heads the CDC's behavioral research branch. It is particularly striking because the toll of every other leading cause of preventable death—including alcohol, infections and accidents—steadily decreased during the same period, Mokdad said.

# Overweight and Obesity School Health: Part of the Solution

Dorothy Caldwell, Coordinator School Health Initiative NC Division of Public Health

Legislative Study Commission on Children and Youth April 7, 2004

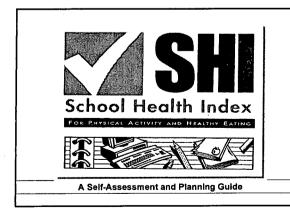
# **Overview**

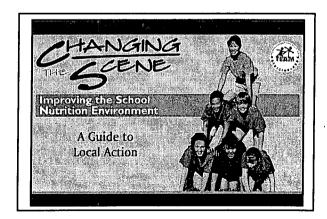
- Growing Consensus on Role of Schools in Obesity Prevention
- Positive Supports in Place
- Policy Issues/Initiatives











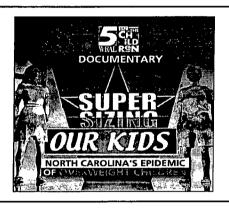


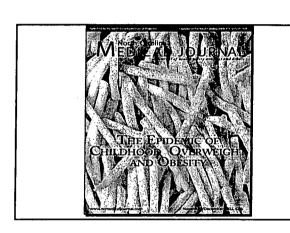
Overweight and Obesity snacks at so Leading Health Indicators contributes

Many PA and Nutrition Objectives 19-15
(Developmental)
Increase the
proportion of children
and adolescents ages
6 to 19 years whose
intake of meals and
snacks at school
contributes
proportionally to good
overall dietary quality.



Commercialism In Schools INFOBRIEF Issue 15, November 1998

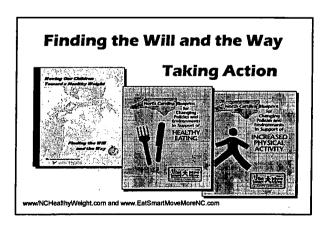




# **Emotional Well Being**

- Overweight is a health issue not a beauty issue
- Beauty comes in all sizes
- Important issues to remember
  - weight discrimination
  - social pressure for excessive slenderness
  - unsafe weight loss practices
  - eating disorders







# **Planning Process**

- Summit August 01 - Public input - 300 people
- 100 Member Task Force 4 subcommittees worked 7 months
- Task Force Executive Committee - Medical, Education, Minority Health Advisors
- External Review Panel
- Public Launch of Plan September 02



# **Key Recommendations** Individual and Interpersonal Change

- 60 minutes of physical activity every day
- Fewer sweetened beverages
- No more than 1-2 hours of TV/video time a day
- Smaller portion sizes
- Prepare and eat more meals at home





## **Key Recommendations Policy and Environmental Change**

- State standards for all foods and beverages in school and child care
- State policies for daily physical education, recess and after school activities
- **■** Community opportunities for recreational physical activity
- Environments that make healthy eating and active lifestyles the norm





# **Key Recommendations**

**Policy and Environmental Change** 

■ Third party coverage for overweight prevention and treatment services

■ Equitable access to prevention and treatment





## **Key Recommendations Surveillance and Research**

■ Monitor BMI, chronic diseases related to weight, and nutrition and physical activity behaviors





# **Leadership Plan**

- Broad Recommendations around which individuals and groups can unite
  - Long term outcomes
- Actions around which individuals and groups, including DPH, can
  - set specific goals
  - develop strategies
  - mobilize resources





# **Recommended Actions**

- Six settings
  - Families
  - -Schools/Child Care
  - Communities
  - Health Care
  - -Media/Communication
  - -Surveillance & Research

# **Environmental Intervention**

Lead Partner: UNC School of Public Health

Nutrition
And
Physical Activity
Self
Assessment for
Child
Care



# Family-based Intervention Lead Partners:

NC Cooperative Extension Eat Smart More More...NC



- Color Me Healthy
  - Interactive nutrition and physical activity curriculum for 4-5 y/o
  - Family component
  - Development funded with a NC Nutrition Network grant
- Implemented in childcare in 80 counties and pilots in WIC settings

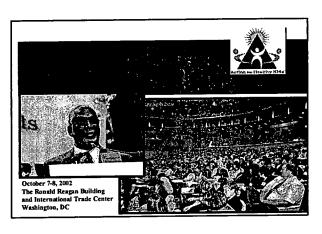
# NAP SACC Pilots

Child Care Centers in six counties working with their child care health consultant to improve nutrition and physical activity practices



- Cabarrus
- Craven
- Henderson
- Pitt
- Robeson
- Wake





# **National Resolve**

- "Goals of Leave No Child Behind in academic core subjects can be greatly enhanced with the same national resolve and commitment to ensure all students have nutritious meals, engage in physical activity, and participate in health education programs."
- "What better time and place to start that resolve than now – in schools."

- Gerald Tirozzi, PhD, Exec Director NASSP Healthy School Summit, 2002

#### Conundrum

- "Educators understand this connection, but reading and math are such high priorities that they put time and energy there.
- "Need a policy paradigm shift to include academic, social, emotional, nutritional and healthy growth and development."

-- Gerald Tirozzi, PhD, Exec Director NASSP Healthy School Summit, 2002

## **Schools Conflicted**

"There is a real health crisis for children out there, and schools are conflicted about their role in the solution."

> Source: Dr. Michael Ward, President CCSSO STEPS for A Heathier America, April 15, 2003

Reach
Lowest

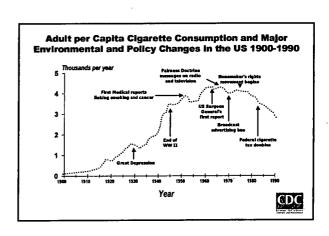
Specialty
Primary Care
Health Systems
Community and Neighborhood
Media
Policies

Bource: Glasgoer, Dabetes Care 2003, 28 2431 Slate Courtery of Dr. William H. Datz, COC

# **Environmental Strategies for Nutritional Deficiency Diseases**

- Rickets: vitamin D fortification of milk
- Pellagra: niacin fortification of flour
- NTDs : folic acid fortification of flour
- Dental caries: water fluoridation

Courtesy of Dr. William H. Dietz, CDC



### **School Health Initiative**



- · Healthy Children Learn Better
- They Become Healthier Adults

### **Healthy Adults**

- · Higher Quality of Life
- Lower Health Care Costs
- · Contribute More to Society

School Health can play major role in obesity prevention

### **Policy Change**

- State Board of Education
  - Healthy Active Children Policy Jan 03
- Legislation
  - HB 303 Rep. Bell
  - SB 582 -- Senator Purcell

### Legislative Study Commission on Children and Youth

- Co-chairs
  - -Representative Carolyn Justice
  - Senator Ellie Kinnaird
  - Representative Larry Womble
- Broad focus
  - -Obesity prevention is one issue

### Health and Wellness Trust Fund Commission

- Obesity Prevention Task Force
  - \$9 million allocated for next 3 years
  - Awarded \$7.4 million to 16 grantees
- Obesity Study Committee
  - Co-chaired by:
    - Senator William Purcell, MD
    - · Representative Verla Insko
    - Olson Huff, MD

### **Physical Activity**

- Healthy Active Children Policy
  - Recommended minutes of PA
  - Prohibits withholding recess as punishment
  - School Health Advisory Council in each school system
  - Requires plan for how schools will address recommended # of minutes of PA and other school health issues

### Nutrition

- Standards for all foods available in school
  - SNAC DPH, DPI and Cooperative Ext.
  - Heart Association
    - School Health policy work group
  - -NCPP/AHA/AFHK policy brief on web
  - NCAFHK working paper
  - Consensus Panel

### **Consensus Panel**

- Co-sponsored by DPH, DPI, NCCE
- 20 members
  - Experts from Medical, Nutrition, Child Nutrition, Public Health and Education Communities

### Eat Smart: NC's Standards for all Foods Available in School

- Report now in review
- Released in late May.
- Standards will be
  - Voluntary
  - Sequential
  - Flexible
  - Grade specific

### Eat Smart Standards

- Voluntary
  - Adopted by LEA or school
- Sequential
  - Grades Pre-K-5; Grades 6-8, Grades 9-12
- Flexible 4 levels of achievement consistent with school improvement process
  - Needs improvement
  - Basic
  - Proficient
  - Superior



### **Getting Better Every Day**

- School Nutrition Dietary Assessment Study (98-99 data published in 2001)
  - Students have opportunity to select healthy lunches
    - in 82% of elementary schools
    - •91% of secondary schools

Opportunity is not enough

### **Participation Declining**

- Between 1979 and 1998 the national average decline in NSLP participation was 4.4 percentage points
- North Carolina's decline was 20 percentage points -- 83% to 63%

### Does this matter?

- NSLP and SBP provide meals that meet nutrition standards
- Students who eat school lunch
  - eat more vegetables and grain mixtures, and drink more milk
  - eat fewer sweet and salty snacks and drink fewer sweetened drinks
  - have higher nutrient intakes than students who make any other choice — even meals from home

### **Solution Involves All Foods**

- School meals
- A la carte
- Vending machines
- All other school venues
- Equally Importantly, the Solution Involves \$\$\$\$\$ and Priorities

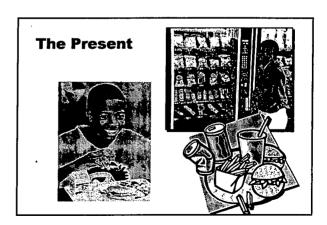


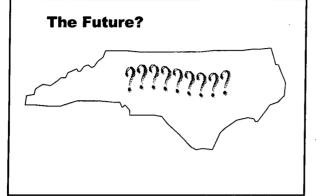
### **Financial Concerns**

- School cafeterias pay about \$18 million annually in indirect costs to LEA operating budgets
- \$54 million annually from sale of a la carte foods in school cafeterias
- ???? from vending machines outside the cafeteria
- ???? exclusive beverage contracts

**The Past** 







### **Federal Reauthorization of CNP**

- H.R. 3873 would require local school districts to develop wellness policies
- Establish nutrition guidelines for all foods on school campus during school day

Passed House March 24 - 419/5

### Nutrition Standards for all Foods Available in Schools

- California
  - Legislation established funding for all schools
  - Budget crisis reduced it to pilots in 9 districts for up to 3 schools
- Los Angeles was one of pilots
  - Now has strong standards policy for all its schools

### **Other State Examples**

- Texas Dept of Agriculture rule
  - Sweeping nutrition standards
- Arkansas Legislation
  - Eliminated vending in elementary schools
  - Required schools to annually inform parents of vending revenues and uses

### . A

### **Financial Concerns**

- School cafeterias pay about \$18 million annually in indirect costs to LEA operating budgets
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- ???? from vending machines outside the cafeteria
- ???? exclusive beverage contracts

### **Cost of Change is High**

### **Cost of inaction is higher**

- Childhood overweight is an epidemic
  - Stigma –social discrimination
  - Type 2 Diabetes
  - Heart Disease and Stroke
  - Cancer
- -Skyrocketing Health Care Costs

### **Consensus from Parents**

- 91% favor converting selections in vending machines to healthy foods and beverages
- 83% oppose allowing vending machines with soft drinks and unhealthy snacks in elementary schools
- 85% favor requiring PE every day, every grade
- 89% favor new lifestyle approaches to PE
- 88% believe school boards should not eliminate PE for budgetary reasons
- 77% believe should not eliminate PE to focus on meeting academic standards

--RWJ/NEA Survey





### Finding the Will and the Way Individual Will - Community Will

- Changing eating and physical activity patterns is more complex than
  - -not smoking
  - -drinking fluoridated water
  - -buckling a seat belt
- · Same combination of research, advocacy, public discussion, and policy can make it happen



"Don't be afraid to take a big step if one is indicated. You can't cross a chasm in two small jumps."

> -David Lloyd George Former British Prime Minister







**Vending Machines in Schools** 

### Current as of April 1, 2004.

Debates have ensued regarding soda and food vending machines in elementary, middle/junior and high schools. Some states have introduced and enacted legislation to replace existing food and drinks of minimal nutritional value for healthier options or to restrict student access to the machines. As of January 2004, Arkansas is the only state that has passed legislation banning vending machines in elementary schools. This is not just a state issue, however. Some cities and local schools districts have taken the lead and enacted policies to ban or replace certain foods and beverages in vending machines or restrict student access to the machines.

The Centers for Disease Control and Prevention's School Health Policies and Programs Study (SHPPS) 2000 survey concluded that 43% of elementary schools, 89.4% of middle/junior high and 98.2% of senior high schools had either a vending machine or a school store, canteen, or snack bar where students could purchase competitive foods or beverages.

Competitive foods are defined by the U.S. Department of Agriculture (USDA) as foods offered at school other than meals served through USDA school meal programs-school breakfast, school lunch and after school snack programs. According to the UDSA, competitive food policies exist in many states and include laws that restrict access to food and beverage vending machines, school canteens and stores at certain times during the school day or limits access to foods with minimum nutritional value. See the USDA web site at <a href="http://www.fns.usda.gov/cnd/Lunch/CompetitiveFoods/state\_policies\_2002.htm">http://www.fns.usda.gov/cnd/Lunch/CompetitiveFoods/state\_policies\_2002.htm</a> for more information on state competitive foods policies.

### **State Activity**

In the 2003 session, two states enacted laws regarding vending machines in schools.

Arkansas HB 1583 (Act 1220) bans elementary school students' access to vending machines offering food and soda.

**California** SB 677 (Chapter 415)bans vending machine sales of carbonated beverages to elementary, middle and junior high school students and replaces them with milk, water and juice. It also limits accessibility in middle and junior high schools from one-half hour before the start of the school day to one-half hour after the end of the school day.

### 2004 state legislation specific to vending machines in schools

### (Introduced unless otherwise indicated)

Alaska	AK HB 80 (2003 carryover)	
	Would prohibit the sales of carbonated soft drinks or soft drinks that contain more than 42 grams of sugar per 20 ounce serving in a public school building or on public school property between the hours a 8:00am and 5:00pm during a day in session at a public school. Would not apply to soft drinks that are at least 50% fruit juice.	

### California

### CA SB 74 (2003 carryover)

Would require vendors who maintain vending machines on state property, including schools, to satisfy the requirement that at least 50% of the food and beverages offered meet accepted nutritional guidelines defined in the bill.

### CA SB 1566

Would require that the sale of all foods and beverages sold in high schools, comply with the nutrition standards in the Education Code. Food items must meet the following requirements: not more than 35% of the total calories can be from fat (except seeds or nuts), not more than 10% of the total calories can be from saturated fat, and not more than 35% of the total weight can be composed of sugar (except fruit or vegetables). From one-half hour before the start of the school day to one-half hour after the end of the school day, only water, 100% milk, 100%fruit juice, fruit based drinks that are at least 50% juice and have no added sweeteners, electrolyte replacement beverages that contain no more than 42 grams of added sweetener per 20 ounce serving may be sold to a pupil at a high school. There are exceptions for fundraising events.

### Colorado

### CO HB 1158

After July 1, 2005 students' access to vending machines would be restricted until at least one half hour after the last lunch period in elementary, middle or junior high schools.

### CO SB 103

Would require that on or before July 1, 2004each school district adopt a policy that by the 2006-07 school year at least 50% of all items offered in vending machines in each school district be healthful foods or healthful beverages.

### Florida

### FL HB 77

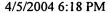
Would require each district school board to ensure that only thefollowing beverages are sold or distributed in the school district's elementary, middle, and high schools: water without additives, milk, fruit-based beverages that contain no less than 50% fruit juice, beverages with no added sugar content, and non-caffeinated beverages.

### FL HB 169

Would require each school district board to consider adopting policies to provide appropriate food and nutrition programs for students. Would prohibit the sale of any food and beverage to elementary school students on school grounds before and during the school day that is not permitted by the approved school food service program. Would limit beverages to water, milk, fruit or vegetable-based drinks with no less than 50% juice and no added sweeteners, and electrolyte replacement drinks with no more than 43 grams of added sweetener per 20 ounce serving. Would prohibit the sale of any food of minimal nutritional value and no beverages other than those listed above or tea with no more than 43 grams of added sweetener or 43 mg of caffeine per 20 ounce container to secondary school students. Hours of accessibility on school grounds would be one hour before school until one hour after the close of the last lunch period.

### FL SB 306

Beginning the 2004-05 school year, food may not be sold a la carte or in vending machines on public school grounds from one-half hour before school begins to one-half hour after the end of the school day. Only beverages such as fruit juice drinks that are at least 30% juice, water, and milk may be sold. Snacks that are of minimal nutritional value, that do not contain whole grain, enriched or fortified grains or grain products, or that contain 35% of the total calories from added sugars are also prohibited. Requires each school district board to regulate vending machines and approve all food sold in said machines, a la carte, or as fundraising tools.



Georgia	GA HB 1124
	Would prohibit sales or consumption of soft drinks by students in school buildings or on the grounds of any school, except in the school cafeteria, before the beginning of and during the school day. Sales an consumption may be permitted after the end of the regular school day. Alternative schools would be exempt.
Hawaii	HI HB 1670 (2003 carryover)
	Among other items, would require that at middle schools, vending machines that contain beverage items other than water, milk, 100% fruit juices, or fruit-based drinks that are at least 50% juice and have no added sweeteners remain locked or rendered inoperable from one-half hour before the start of the school day until after the end of the last lunch period.
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	Would require all vending machines in schools to dispense water, milk and 100% fruit juice and would prohibit all other beverages from being dispensed from vending machines.
	HI HB 1799 and HB 1890
	Would prohibit the operation of vending machines that dispense food or drink items on any public school property unless the food or drink items comply with the nutritional standards established by the board of education. Would require the board to adopt rules to establish minimum nutritional standards for food available in vending machines on school property.
llinois	IL HB 3974
	Would prohibit soft drinks and candy from being dispensed to students by school vending machines by January 1, 2005.
	IL HB 4058
	Would prohibit the sale or offer of soft drinks to pupils at school at any time. Would not prohibit selling, offering for sale, or otherwise offering or providing soft drinks to pupils before or after regulaschool hours at a high school or at a high school activity or event; maintaining or allowing to be maintained a vending machine if it is located at a high school or on the grounds of a high school and is either not accessible to pupils during the regular school day or not operable during the regular school day; selling, offering for sale, or otherwise offering or providing soft drinks to pupils at a school after school hours at an activity or event at which parents are present.
	IL HB 6620
	Would add the caption "Sec 2-3.135 Vending Machines in Schools" to the school code.
	IL HB 6870
	Would prohibit the sale of candy, soda pop and chips at school or on school grounds.
	IL SB 810
4	Would require the Department of Health and the State Board of Education to conduct a study that, among other things, would examine the impact of easy access to candy and soda machines in schools.
	IL SB 2643
	Would prohibit elementary and middle or junior high schools from selling, offering for sale, or otherwise offering or providing soft drinks to pupils at schools at any time. Would prohibit soft drink vending machines on school grounds that are accessible to students. Would allow the sale, offering for sale, or otherwise offering or providing soft drinks to pupils before or after regular schools hours at a high

school or at a high school activity or event. Would not prohibit soft drink vending machines on high school grounds if it is not accessible to pupils or not operable during the regular school day. Would allow the sale, offering for sale or otherwise offering or providing soft drinks to pupils at a school after school hours at an activity or event where parents are present.

### IL SB 2841

Would prohibit the sale of any food sold to elementary school students in competition with federally funded school meal programs unless they meet the following standards: they contain no more than 35% of total calories from fat (except seeds or nuts), no more than 10% of total calories from saturated fat, and no more than 35% of the total weight may be composed of sugar (except fruits and vegetables). Beverages would include water, nonfat and low fat plain and flavored milk, soy milk, rice milk and 100% fruit juices that have no added sweeteners. Beverages may not contain more than 10 milligrams of caffeine per serving and serving sizes may not exceed 12 ounces unless the beverage is water.

### IL SB 2898

Requires all competitive foods that are served as part of the school food program meet the following requirements: fruit drinks must be at least 50% fruit juice with no added sweeteners, water or seltzer water, low fat or fat free milk, contain no more than 30% of total calories from fat, no more than 10% of total calories from saturated and trans fat and no more than 35% of the total weight is from sugars (except where sugar occurs naturally in fruits, vegetables and dairy products). Defines competitive foods as foods offered at school, other than meals served through the USDA's school lunch, breakfast and after-school snack programs.

### IL SB 2941

Would require that all beverages and foods sold in school vending machines meet the following requirements: fruit based drinks that are at least 50% fruit juice and have no added sweeteners, water or seltzer water, low fat or fat free milk, have no more than 30% of total calories from fat, no more than 10% of total calories from saturated and trans fat, and no more than 35% of the total weight is from sugars (except where sugar occurs naturally in fruits, vegetables and dairy products).

### Kentucky

### **KY HB 148**

Would prohibit sales during the day through vending machines, school stores, canteens or fundraisers of chewing gum, water ices, foods that contains more than 40% added sugar by weight, and foods that contain more than six grams of fat per serving (except seeds and nuts).

### KY HB 218 and HB 219

Junk food sales would be banned from school vending machines, school stores, canteens or through fundraisers. Sales of chewing gum, water ices and other foods with more than 6 grams of fat (except nuts and seeds) or 40 percent sugar by weight or juices that contain less than 25% real juice could not be sold during the school day. Would prohibit elementary and middle schools from selling soda waters and prohibit sales of other beverages during the breakfast and lunch programs until one-half hour after the close of the last lunch period. High schools may sell soda water one-half hour after the close of the last lunch period.

### KY HB 261

Would ban vending machine, canteen, school store and fundraising sales of soda waters at elementary schools. Would require that at least 75% of beverages for sale in middle and high schools be healthy beverages and not sold during the breakfast and lunch periods in competition with the breakfast or lunch program.

### Louisiana

### LA SB 259

Would only allow specific types of beverages and food items to be sold at public elementary and secondary schools or on school grounds between one-half hour before the start of the school day and one-half hour after the end of the school day. Acceptable beverages include: fruit juices or drinks that are 100% fruit juice and do not contain added natural or artificial sweeteners, drinking water, milk, electrolyte replacement drinks that contain 42 grams or less of sweetener per 20 ounce serving, beverages other than chocolate milk that are caffeine-free, and carbonated beverages that are not naturally or artificially sweetened. Acceptable food items include items that have no more than 35% of total calories from fat (except seeds or nuts), no more than 10% of total calories from saturated fat, and no more than 35% of total calories from sugar (except fruits and vegetables).

The sale of foods and beverages that do not comply with these standards may be sold as part of a school fund raising event as long as they are not sold for student consumption during the school day.

Requires any vending machine that contains foods or beverages that do not comply with these standards to be locked or rendered inoperable between one-half hour before the start of the school day to one-half hour after the end of the school day, unless the machine is located in an area of the school campus with access limited to administration, teachers and staff.

### LA SB 413

Would require the Department of Education to establish a nutritional integrity policy regarding what may be sold in vending machines in public elementary and secondary schools. Would require the sale of all foods and beverages sold in elementary and high schools to comply with the policy and require the policy to limit student access to vending machines.

### Maryland

### MD HB 346

Between the hours of 12:01am and the end of the last lunch period in public schools, the only beverages that may be served would be water, fruit juices with at least 50% fruit juice and no added sweetener, isotonic beverages that replenish electrolytes and do not contain more than 42 grams of added sweetener per 20 ounce serving, or milk. Foods may not be served if more than 35% of the total calories are from fat (except seeds and nuts), more than 10% of the total calories are from saturated fat, or 35% of the total calories are from sugar (except for fruits and vegetables). Local school systems have the option to implement more stringent measures.

### MD SB 559

Would prohibit vending machines in public elementary schools except in areas accessible only to teachers and staff. Would prohibit vending machines in public middle schools from 12:01 am until the end of the last class and in public high schools from 12:01 am until the end of the last lunch period. Each public school would be required to install and use a timing device on each vending machine to prohibit or permit access to the machines. Would require the state board to adopt and disseminate a model policy regarding vending machines by December 31, 2004. The policy would include, among other things, requiring a balance between foods of minimal nutritional value and other foods and drinks in the machines and encouraging a reduction in student consumption of foods of minimal nutritional value on school premises.

### Massachusetts

### MA HB 2571 (2003 carryover)

Would prohibit vending machines containing soda or soft drinks from public school or charter school buildings.

### MA SB 303

Would establish the school nutrition demonstration program in at least 20 high schools, middle schools and elementary schools. The participating schools would have to comply with the following: the only beverages that may be sold to students from 30 minutes before the start of the school day until 30

minutes after the end of the school day are to include, 100% fruit juices or fruit based drinks that are no less than 50% fruit juice and have no added sweeteners, water, milk, and electrolyte replacement beverages that have no more than 42 grams of added sweetener per 20 ounce serving. Would prohibit the sale of carbonated beverages and beverages that exceed 12 ounces per serving (except water, milk and electrolyte replacement beverages) from 30 minutes before the start of the school day until 30 minutes after the end of the school day. Would prohibit the sale of food items from 30 minutes before the start of the school day until 30 minutes after the end of the school day unless it does not exceed 12 ounces per serving and meets the following standards: no more than 35% of the total calories are from fat (except seeds or nuts), no more than 10% of the total calories are from saturated fat, and no more than 35% of the total weight is composed of sugar (except fruits and vegetables).

In elementary schools, regardless of the time of day, the only beverages that may be sold to students are water, milk, 100% fruit juices or fruit based drinks that have no less than 50% fruit juice and no added sweeteners.

In middle schools, no carbonated beverages may be sold to students from 30 minutes before the start of the school day until after the end of the last lunch period. Vending machines that do not comply with these requirements will be locked or rendered inoperable until after the end of the last lunch period.

### Minnesota

### MN HF 2756

Would prohibit a school or school district from allowing nonnutritional beverages to be sold as part of or in competition with a school lunch program, prohibit vending machines containing nonnutritional beverages to be placed in the cafeteria, require vending machines with foods (including beverages) of minimal nutritional value be turned off during lunch hours, prohibit consumption or advertising of nonnutritional beverages within the classroom, and prohibit nutritional beverages to be sold or offered for sale at a price greater than the price of packaged products that are not nutritional.

Would create a school nutrition advisory council and implement policies that encourage students to drink milk and other nutritional beverages.

Would prohibit elementary schools from selling, advertising or consumption of sweetened beverages within the school or on school property during school hours.

Nutritional beverages are defined as noncarbonated packaged products such as skim or lowfat milk, fruit drinks that contain at least 50% fruit juice and no added sweeteners, and bottled water.

### MN HF2869

Defines "nonmilk nutritional beverages" as fruit drinks that contain at least 50% fruit juice and no added sweeteners and bottled water, "on-line beverage sales" as sales of beverages in the same general area where food is distributed or eaten and where the sales are generally designed to be consumed with food, and "slot" as a location in a vending machine which offers beverages for sale.

Would prohibit elementary schools from allowing the sale or distribution of beverages that are not milk or nonmilk nutritional beverages to students.

Would prohibit middle schools from allowing the on-line sale of beverages that are not milk or nonmilk nutritional beverages. Requires at least 50% of the slots in middle school vending machines to contain milk and be as attractively displayed and located as those which do not contain milk.

Would prohibit high schools from the on-line sale of beverages that are not milk or nonmilk nutritional beverages. Requires at least 20% of the slots in middle school vending machines to contain milk and be as attractively displayed and located as those which do not contain milk.

### MN SF 2167

Would prohibit a school or school district from allowing nonnutritional beverages to be sold in competition with the school lunch program and allowing beverage vending machines containing nonnutritional beverages to be placed in the cafeteria space where lunch is sold. Vending machines

would have to be turned off during lunch hours, would prohibit consumption or advertising of nonnutritional beverages in the classroom, would prohibit nutritional beverages being sold or offered for sale at a greater price than nonnutritional beverages. Would create a school nutrition advisory council to implement policies that encourage students to drink milk and other nutritional beverages. Would take effect July 1, 2004 with some exceptions. Nutritional beverages are defined as milk, fruit drinks that contain at least 50% fruit juice and no added sweeteners, and bottled water.

### New Jersey

### NJ AB 2339

Would prohibit the sale at public elementary or middle schools, of any soft drink or juice product that is less than 100% fruit or vegetable juice, candy bars, hard candy or chewing gum, or any other food or drink that has more than 35% sugar or other sweeteners, or has more than eight grams of fat.

### NJ AB 2356

Would prohibit the sale in public schools of foods through vending machines, student stores, food carts or food concessions that are high in sugar and sodium. Would direct the state Department of Education to define those foods that would be prohibited and to consult with an advisory committee.

### **New Mexico**

### **NM SB 339**

Would prohibit the sale of foods of minimal nutritional value in the food service areas during the lunch period. The sale of other competitive foods may be allowed in the food service area during the lunch period only if all income from the sale accrues to the benefit of a nonprofit school food service, school or school-approved student organization.

Would require beverages other than water and 100% fruit or vegetable juices not be accessible to elementary school students during the school day. Availability of other beverages would be limited to after-school functions as determined appropriate by the local school board of a school district. Would require all vending machines located on school grounds to feature graphics featuring only 100% fruit or vegetable juices, water or educational programs.

### New York

### NY AB 9805

Directs all state Boards of Education to adopt a policy which implements the following nutritional standards: no more than 35% of the calories from fat (except nuts and seeds), no more than 10% of the calories from saturated fat and trans fat combined, and no more than 35% of the total weight from sugar (except naturally occurring sugar in fruits, vegetables and dairy products). Non carbonated or carbonated waters without added sweeteners, milk, and drinks that contain at least 50% fruit juice and no added sweeteners may be served or sold to pupils at elementary, middle and high schools. Would prohibit the sale of any beverage other than water or milk that exceeds 12 ounces per serving. The serving or sale of food and drinks that do not comply with these standards would be permitted at least one-half hour after the end of the school day, however vending machines that do contain these items would be locked or rendered inoperable until that time.

### Ohio

### OH HB 390 and SB 174

Would require food sold to students in public schools, grades K through four, meet the following nutritional requirements: no more than 35% of total calories derived from fat (except nuts and seeds) no more than 10% of total calories derived from saturated fat; and no more than 35% of total weight is composed of sugar (except fruits and vegetables). Any items that would not fit these requirements may be sold through school fundraising events. Beverage sales to grades K through four are limited to water, milk, 100% fruit juice or fruit based beverages that contain at least 50% juice and no added sweeteners.

Would permit the sales of beverages other than those listed above, or electrolyte replacement beverages that contain no more than 42 grams of added sweeteners per 20 ounce serving to students in grades five through 12. Would restrict access from one-half hour before the start of the school day to

one-half hour after the end of the school day. Sales of beverages that do not meet the standards would be permitted as part of school fundraising events. OK SB 1230 Oklahoma Would require that vending machines that contain foods or soft drinks with no or low nutritional value, as defined in the USDA guidelines, not be accessible to students in public schools in grades K through five or grades six through 12. OK SB 1425 Would require that all school districts where vending machines are accessible to students in elementar and middle schools ensure that beverages and snacks with no or low nutritional value, as defined by the USDA, be replaced with items that meet the nutrition standards established in the USDA guidelines for the federal lunch program. Would also require that the proceeds from vending machine sales in elementary and middle schools be used to enhance student health and safety. Would require that all school districts in which vending machines are accessible to high school students require incentive pricing that offers healthy beverage and snack options that meet the USDA nutrition standards for the federal lunch program at a lower cost than the price of beverages and snacks that have no or low nutritional value. Upon passage would become effectiveuly 1, 2004. RI HB 7719 Rhode Island Would require that school health program policies regarding diet and nutrition provide food to students of high nutritional value and low in fat, sodium, and added sugar. Would prohibit the sale of carbonated soda and high-fat snacks in elementary and middle/junior high schools and require vending machines be stocked with healthy drinks Upon passage would become effective January 1, 2005. RI SB 2497 Would require the department of elementary and secondary education to set minimum standards for the nutritional value of foods sold in schools. Would require that foods sold in vending machines be of minimal nutritional value as defined by the USDA. Upon passage would become effective July 1, 2005 South Carolina SC 4528 Would prohibit public schools to make available to students any food or drink that does not comply with dietary limitation requirements in the National School Lunch Act and the Dietary Guidelines for Americans. Would not prohibit the sale or consumption of food or drink products after regular school hours or at extracurricular activities. TN HB 2783 and SB 2743 Tennessee Would limit food items sold to pupils in grades K-8 before school opens and during school hours through vending machines and other sources to whole grain, enriched, fortified or other grain products; fruits  $\phi$ r 100% fruit juice; milk; water; soy-based products; vegetables or vegetable juices; electrolyte replacement beverages; or nuts, nut spreads, seeds, legumes, or trail mixes. Would prohibit sales of foods of minimum nutritional value until at least one-half hour after the end of the school day. Students would be permitted to sell food items that do not comply with this bill as part of a school fundraising event. TN HB 2947 and SB 2414 Would ban vending machines sales of food from elementary, middle or high schools. Foods may be provided for sale outside of the cafeteria as long as the food is not offered through a vending machine

Utah	UT HB 47
	Elementary schools would not be allowed to sell to any student products other than milk, water, 100% fruit juice, or fresh fruit in vending machines.
Vermont	VT SB 243
	Would only allow the following types of beverages to be sold on school grounds between one-half hour before the start of the school day and one-half hour after the end of the school day: fruit drinks or juices with at least 50% fruit juice that do not contain sweeteners; water; milk; electrolyte replacement beverages with no more than 42 grams of sweetener per 20 ounce serving; caffeine-free beverages; carbonated beverages which are not naturally or artificially sweetened. These beverages could not exceed 12 ounce servings except for fruit juices or drinks, milk, or water. Would only allow food items that meet or exceed the adopted nutrition standards to be sold on school grounds between one-half hour before the start of the school day and one half-hour after the end of the school day.
	Would only allow food items that are less than three ounces per package per serving and where total calories from fat are not more than 35%, total calories from saturated fat are not more than 10%, total calories from sugar are not more than 35% (except fruits or vegetables). Sales of foods that do not comply with these standards may be sold as part of a school fundraising event. If a vending machine is on school grounds that does not comply with these standards, the machine shall be locked or rendered inoperable between one-half hour prior to the start of the school day and at least one-half hour after the end of the school day.
Vashington	WA HB 2760
	Would require that any food sold in elementary and middle/junior high schools in competition with federally funded school meal programs meet the following standards: no more than 30% of total calories from fat (except seeds and nuts), no more than 10% of total calories from saturated fat, and no more than 35% total weight is composed of sugar (except fruits and vegetables).
	The only beverages that would be sold to students during regular school hours and school meal programs would be water, milk and 100% fruit juices that have no added sweeteners. Would prohibit beverages that contain more than 10 milligrams of caffeine. Serving sizes may not exceed 12 ounces. Would not apply to holiday events, special celebrations, or class parties for which food and beverages are brought into the school. Teachers would be discouraged from using food as a reward or incentive for academic performance or student behavior.
	WA SB 5436 (Passed both houses of the legislature 3/10/04)
	Would require that the sale of all foods on elementary and middle school grounds comply with the following nutrition standards: no more than 35% of the total calories from fat (except seeds and nuts) no more than 10% of the total calories from saturated fat, and not more than 35% of the total weight composed of sugar (except fruits or vegetables). Would only allow water, milk, 100% fruit juices, or fruit based drinks that are at least 50% real juice with no added sweeteners be sold at elementary and middle schools. Would require that any vending machine containing items that do not meet these standards be locked or rendered inoperable until after regular school hours. Would permit the schools to sell these items as part of a school fund raising event.
	Would require the office of superintendent of public instruction to convene a task force to recommend methods of implementing this act and, among other things, create a list of recommended foods and beverages that meet the nutritional content standards of this act.
est Virginia	WV HB 4505
	Would prohibit sales of soft drinks via vending machines, school stores, school canteens or fundraisers in elementary and middle or junior high schools. Would require that at least 75% of items offered through these venues in high schools consist of healthy beverages (water, 100% fruit juice, low fat milk, and any other beverage that contains no more than 10 grams of sugar per serving) and not sold

in competition with breakfast or lunch programs during the breakfast and lunch periods.

### WV SB 495

Would prohibit the sale of beverages other than water, 100% fruit juice, low fat milk, non caffeinated and noncarbonated beverages and those that have less than 10 grams of sugar per 12 ounce serving through vending machines, school stores, or fundraisers during the school day in elementary and middle or junior high schools.

Would require during the school day in high schools that at least 75% of beverages offered for sale through vending machines, school stores, or fundraisers be nutritious beverages as noted above. Would allow nutritious beverages to be sold during the breakfast and lunch serving periods in competition with school meal programs and sold at a price at least 25% less than the price of any other beverage.

If you have questions, find errors or omissions, please contact the Adolescent and School Health Project

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### Sexualization of Children A Short Primer on the in US Advertising

Children and Sexual Trafficking of Children? A Continuum Between Sexual Targeting of

1980s-2004

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### Objectives

- advertisements presenting children as sexual targets over the last 2 decades Present a brief demonstration of
- Illustrate the sexual milieu of children's lives along with their earlier puberta development
- awareness courses in the schools to help children cope with these powerful Demonstrate the need for media messages

### Components

- Ads from the past to present
- Adult womens magazines marketed to ages 16 up
- Teen magazines marketed to 11-15 yr olds
- Abercrombie and Fitch
- Markets a life style to children, teens, and young adults
- Catalog for age 18+ but popular with young children
- Clothing marketed to pre-teens as well as teens
- Media awareness, one strategy to offset effects, is needed in the schools

Content includes nudity and may have some disturbing pictures

GROCERY STORE OR NEWSTAND OR CATALOGS MARKETED TO CHILDREN ► ALL THE PICTURES\* YOU WILL SEE ARE FROM MAGAZINES AT THE

\*one exception: a cartoon from Playboy

## Proportion of girls with the onset of puberty



Fig 4. Prevalence of breast and/or public hair development at Tanner stage 2 or greater by age and race (Cochran-Mantel-Haenszel  $\chi^2 = 354.8$ , df = 1, P < .001; Breslow-Day  $\chi^2 = 10.0$  df = 9, P = .354).

# 1997 Girl's Puberty Study- PROS

### Media Literacy

- ✓Who constructs media messages?
- ✓Values
- ✓ Stereotypes
- ConsequencesPositive/negative
- lessons

# How Media Literacy Helps

- Greater understanding of media
  - and its impact on our culture
- Healthier lifestyle choicesSmarter use of media
- Communication with media industries

### Hiding in Plain Sight

A Practical Guide to Identifying Victims of Trafficking in the U.S.

With particular emphasis on victims of sexual trafficking as defined by the Trafficking Victims Protection Act 2000

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October 2003

"If you look, you'll find them" - Laura Lederer

This practical guide focuses on identifying victims of sexual trafficking, meaning they have been trafficked for commercial sex acts, such as prostitution or other forms of sexual exploitation, such as stripping, lap dancing, or production of pornography. Although there are commonalities between victims of sexual and labor trafficking, there are sufficient differences to require separate focus. Therefore, this guide does not describe ways to identify victims who have been trafficked for forced labor, such as domestic servants and sweat shop or migrant farm workers.

### **Key Reference Documents**

Trafficking Victims Protection Act of 2000 http://thomas.loc.gov/cgi-bin/query/z?c106:H.R.3244.ENR:

Sex Trafficking of Women in the United States, Janice G. Raymond, Donna M. Hughes, and Carol J. Gomez, Coalition Against Trafficking in Women, March 2001, <a href="http://www.uri.edu/artsci/wms/hughes/sex\_traff\_us.pdf">http://www.uri.edu/artsci/wms/hughes/sex\_traff\_us.pdf</a>

What Sexual Assault and Domestic Violence Service Providers Need to Know about Sex Trafficking, Dianne Post, Arizona Coalition Against Domestic Violence, April 2002

Trafficking in Persons: A Guide for Non-Governmental Organizations, Civil Rights Division, U.S. Department of Justice, <a href="http://www.usdoj.gov/crt/crim/wetf/trafficbrochure.html">http://www.usdoj.gov/crt/crim/wetf/trafficbrochure.html</a>

National Clearinghouse on Child Abuse and Neglect Information, http://www.calib.com/nccanch/index.cfm

### How trafficking is defined

This guide is written to identify victims as defined by the Trafficking Victims Protection Act of 2000 (TVPA), U.S. Federal law. Two states, Washington and Texas, have state anti-trafficking laws. If victims are identified in those two states, arrest and prosecution of traffickers can occur at the state level. In addition, most states and local authorities have laws relating to prostitution and what are often called "sexually oriented businesses"; these laws can also be used prosecute perpetrators at the state and local level.

According to the Trafficking Victims Protection Act of 2000 (TVPA):

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

The TVPA does not enact criminal penalties against traffickers or provide for services to victims unless acts of sex trafficking meet the criteria of "severe form of trafficking in persons."

"Severe forms of trafficking in persons" means (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Definitions of key terms used in "severe forms of trafficking in persons" are:

The term "commercial sex act" means any sex act on account of which anything of value is given to or received by any person.

The term "coercion" means (A) threats of serious harm to or physical restraint against any person; (B) any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or (C) the abuse or threatened abuse of the legal process.

The term "debt bondage" means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.

The term "involuntary servitude" includes a condition of servitude induced by means of (A) any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or (B) the abuse or threatened abuse of the legal process.

The term "peonage" means holding someone against his or her will to pay off a debt.

The TVPA was conceptualized to provide remedies for transnational trafficking and to protect foreign nationals who are trafficked into the U.S. for commercial sex acts or forced labor. The TVPA does not address victims of internal trafficking - meaning U.S. citizens trafficked within the U.S. These victims are often controlled and used for commercial sex acts in the same way as foreign nationals.

### Identifying Victims as Defined by the Trafficking Victims Protection Act

If a child is under the age of 18 and is being used for a commercial sex act, the child is considered a victim of trafficking; no further criteria must be met. If the person is 18 or over, it must be proven that the person is being used for a commercial sex act by force, fraud, or coercion.

Most victims of sexual trafficking in the U.S. are women and children, particularly girls. There are no known cases of adult men being trafficking for commercial sex acts in the U.S., although this is known to occur in other parts of the world.

The following indicators for identifying victims of trafficking are drawn from research on trafficking and the experience of people who have worked with victims of trafficking. If a person indicates that any of these things have been done to them, there is a possibility that he/she is a victim of trafficking. A victim only has to be subjected to a form of force, fraud, or coercion **once** to meet the definition of trafficking victim. The force, fraud, or coercion does not need to be sustained.

The activities involved in trafficking - the recruitment, harboring, transportation, provision, or obtaining of a person – mean that a wide variety of people are culpable under the TVPA. They include: recruiters, anyone who obtained documents or arranged travel, anyone who assisted with travel, anyone who worked in the brothel, landlords, drivers, guards, assistants who brought meals, accountants, and managers.

Being a relative of the victim does not excuse trafficking activities. If he/she knowingly gave the victim over to a trafficker or assisted in organizing commercial sex acts, he/she is a perpetrator of a serious crime and should be treated accordingly.

For sake of brevity, in the lists below the term **brothel** will be used with the understanding that victims of trafficking may be found in establishments called massage parlors, clubs, bars, saunas, health clubs, strip clubs, escort services, etc.

The following are examples and indicators of force, coercion, and fraud that are used by pimps and traffickers to control victims used for commercial sex acts. Some of them may not be enough in and of themselves to meet the legal standard for trafficking, but they should be considered signs that a victim is under the control of someone else and indicate that further investigation is needed.

### **Examples of Force**

Kidnapping or recapture of an escaping victim

Buying and selling of a victim from a recruiter to trafficker to pimp

Battering, including hitting, kicking, pushing

Torture, such as burning with cigarettes

Threats with weapons

Rape, sexual abuse, and harassment (Unless the woman is fully consenting to the commercial sex acts, each act of prostitution should be considered to be a sexual assault.)

Imprisonment, confinement, or kept under guard or electronic surveillance

Use of restraints, such as being tied up

Denial of food or water

Denial of medical care or medications

Denial of contraceptives or condoms

Forced pregnancy or abortion

Forced to give up custody of children

Forced into humiliating or compromising situations so that photographs or videos can be made (These images may be used to coerce the victim into cooperating with pimps or risk exposure to friends, family, or police if the act is illegal.)

Forced use of drugs or denial of drugs once a victim is addicted

Forced participation in acts of violence against other victims

Forced to lie to friends and family about their safety, well being, and whereabouts

Forced to lie to men in the brothel that they are consenting, enjoy their "work," and earn large sums of money

### Indications of Force

Injuries from weapons, such as knives, guns, clubs; visible injuries or scars, such as cuts, bruises, burns or rope burns; head, face, and mouth injuries from being struck in the head and face.

Brands or scaring indicating ownership

Untreated illnesses or infections, particularly sexually transmitted diseases; general poor health; diseases associated unhygienic living conditions, such as tuberculosis

Emotional distress and psychological manifestations of trauma, such as depression, anxiety, post-traumatic stress, self-inflicted injuries, and suicide attempts

Inappropriate or shifting loyalty to an abuser resulting from the perpetrator's systemic control of the victim through alternating violence, threats, and rewards; i.e. manipulation, indoctrination, Stockholm syndrome, brainwashing, traumatic bonding

No English language skills or knowledge of how to move about and live in the local community

Living on the same premises as the brothel or driven between the brothel and living quarters by a guard. Living quarters locked, under electronic surveillance or guarded

Heavy security at the brothel, barred windows, locked doors, isolated location; women never seen leaving the premises unless accompanied by someone

Restricted public access to brothel: Access allowed only to members of a particular ethnic community, gang, or worker group; advertisement of the brothel only through word of mouth or foreign language publications

Woman kept under surveillance when she is taken to a doctor, hospital, or clinic for treatment; pimp or a minder may act as translator

Moved with other women on a circuit of brothels

Signs usually associated with domestic violence: pimps/traffickers are sometimes

"boyfriends," "partners," or members of the victim's family

Victim is provided with an attorney or bail by the pimp/trafficker in order to control her testimony or get her released into the custody of the pimp/trafficker

### **Examples of Coercion**

Debt bondage: Victim is required to engage in a certain number of commercial sex acts or earn a certain sum of money before she can leave

Threats of serious harm to the woman or her friends and family at home

Control of her children

Trafficker/pimp controls all her contacts with family, friends, or people outside the brothel

Photographing or videotaping the victim in compromising or illegal situations, then threatening her with exposure to friends, family, or police; threatening to post pornographic images of the victim on the Internet or send them to family members

Identity and travel documents, such as passport and visa, taken away

Forced to watch pornography in order learn prostitution or stripping

Manipulation of the victim's earning ability, so a woman who voluntarily engages in jobs such as hostess or dancer finds she has to engage in prostitution to earn enough money to repay a debt or buy food

Punishment of another woman (including beatings, rapes, mutilations, even murder) in front of other victims to demonstrate what happens to those who do not obey

Denial of clothing or clothing other than "sex industry costumes" so woman is reluctant to leave the premises

Trafficker/pimp controls all money, including that which belongs to the woman

Fines for rule violations in the brothels

Involvement of the victim in criminal activity, such as a drug courier or manufacture of drugs

Quotas for amount of money that must be earned or number of commercial sex acts each day

Victim sees evidence of police or official corruption or collaboration with pimp/trafficker

Threats to turn the woman over to the authorities with expectation that she will be imprisoned or treated harshly

Threats to have the woman deported with expectation that upon arrival home she or her family will be harmed

Threats to harm the woman or her family if she reveals anything about the trafficking operation

Verbal or psychological abuse that intimidates, degrades, and frightens the victim

### Indications of Coercion

Woman is not in possession of identity or travel documents Woman is fearful of police or officials False accusations of abuse or neglect, particularly of children, or criminal activity are made about the victim

Signs of threats usually associated with sexual harassment or stalking

### **Examples of Fraud**

Promises of valid immigration or travel documents, such as a green card and work permit

Woman instructed to use false or counterfeit identity and travel documents

Woman signed a contract to do legitimate work

Victim is required to do work that is different than what was originally described

Promises of money, salary, or earnings that never materialize or only sporadically

Misrepresentation of work or conditions of work

### Indications of Fraud

Victim was lied to about any aspect of her travel, employment, living conditions, or treatment

Woman does not know how identity or travel documents were obtained or was escorted through the process

Someone else obtained all official documents

Someone else made all travel arrangements

Woman was coached on what to say to officials

Woman does not know or understand the terms of the contract she signed. Contract was in a language she could not read. Terms of contract are illegal under general business practices (See Appendix A)

Woman had to pay a fee to someone to arrange travel and transportation

Woman was smuggled across borders

This list should not be used as a questionnaire for potential victims. Talking about traumatic experiences can be very difficult, and victims have little reason to trust people. People working with victims of trafficking have found that multiple interviews are often needed to establish trust with a victim and educate her about the concept of trafficking and her rights not to be controlled and compelled into prostitution or other commercial sex acts.

### Where and How to Find Victims of Trafficking

Given the violence, coercion, and schemes used by traffickers and pimps and the relative powerlessness of victims, activists and service providers will have to actively search out victims of trafficking. To date, several cases of trafficking have been uncovered after victims escaped and came to the police, but most victims will not be able to escape or seek assistance. Many victims are physically unable to leave the brothels without an escort and are not free to contact outside people.

Traffickers and pimps frequently tell victims that they will receive harsh treatment from law enforcement or immigration officials if they are discovered. Other victims are unaware of their rights not be exploited for commercial sex acts or are held in debt bondage. Victims are not likely to know that contracts they signed are not legal or binding. Family loyalty, cultural practices, or political suppression in their home countries also hinder victims from seeking relief from exploitation and abuse.

As indicated by the title of this guide, victims are often hiding in plain sight. Victims of sexual trafficking can be found in all types of establishments and locations that offer commercial sex acts, i.e. prostitution, production of pornography, and stripping, or lap dancing. These establishments are known as massage parlors, escort services, spas, clubs, strip clubs, adult bookstores, bars, nightclubs, apartments, and modeling studios. Victims of trafficking can be found in rural, suburban, and urban settings; in residential housing, commercial buildings, trailers, on the street, or even in open fields. \(^1\)

The following are some of the places and ways that activists and service providers can find victims.

**Public Advertisements**: Although prostitution is illegal in all states with the exception of several counties in Nevada, pimps and traffickers depend on advertising to the public to attract men and make money. Most of the illegal sex industries in the U.S. publicly advertise their criminal activity. In newspapers, tabloids, local community newspapers, and free advertising guides in adult bookstores, there are many advertisements that boast of having women of different ethnicities, nationalities, and races.

In Anchorage, Alaska, law enforcement officials investigated an advertisement offering Russian women at a local strip club. They uncovered a case in which seven Russian women and girls (two were aged 16 and 17) were forced to strip and perform table dancing in a club.<sup>2</sup>

The yellow pages telephone book usually has listings for massage parlors and escort services. Individuals and groups trying to find trafficking victims can start by looking at these public advertisements and locating establishments or operations where commercial sex acts are taking place. Strategies can then be formulated for how to follow-up.

Online Forums for Men: There are a number of online forums for men's review of women in prostitution and strip clubs. By reading the men's self reports, likely victims of trafficking can be identified. Because the objective of these sites is for men to exchange information on where to find women for prostitution, they usually give the name of the establishment, the address, and sometimes the telephone number. Although the particular woman described by the man may not be found, these forums should help identify establishments where other victims can be found.

The following are excerpts from men's online descriptions of women they bought in brothels that indicate that the women may be trafficked:

"She is from Argentina. I ... tried to talk to her, but she hardly spoke any English."

"The place was a total dump. ... there were only one or two girls, chubby or skinny

<sup>&</sup>lt;sup>1</sup> Women and girls trafficked from Mexico are known to be prostituted by pimps in reed caves constructed in the open fields around San Diego. See: Thomas Larson, "Reina's Story: A Mexican girl forced into prostitution," *San Diego Reader*, 7 August 2003.

<sup>&</sup>lt;sup>2</sup> Sheila Toomey, "INS accuses four strippers for cultural excesses," *Anchorage Daily News*, 6 January 2001.

Hispanics who barely spoke English."

"Korean women ... new immigrants - inexperienced."

Indications that women are newly arrived and can speak very little English are signs that the women may be trafficked. Also, women's "lack of experience" or lack of knowledge on how to perform sex acts are indications that the women recently have been thrust into the situation. Men's reviews of women they bought in prostitution also give hints that women are unwillingly engaging in prostitution. Men usually describe the women's resistance as a negative performance on the woman's part, such as "she did things reluctantly," she was "unenthusiastic," or she had "an attitude." These reports can be indications that the woman is being forced, coerced, or in need of assistance.

Vice Units of Municipal or Local Police Departments: The officials who are most likely to come into contact with trafficking victims are police officers in the vice units of police departments. Most victims of trafficking are treated as criminals at the local level. Local law enforcement personnel are usually not able to determine a woman's true identity or the woman or girl's true age, and therefore accept the identification (often a driver's license that isn't hard to obtain) that is presented. Some members of vice units recognize that women are being victimized in the brothels they raid. They are often aware of how pimps control and exploit women and children, but do not have the mandate or resources to treat them as victims. Individuals or groups interested in identifying trafficking victims should work with sympathetic police officers to educate them about the federal anti-trafficking law, develop screening techniques to identify victims, and provide services to women and children who are arrested.

Hospital Emergency Rooms, Health and Abortion Clinics: Victims of trafficking suffer the same types of injuries as victims of domestic battering and rape. They frequently contract sexually transmitted infections, often multiple times. Victims also become pregnant when men or pimps rape them or refuse to use condoms. Indicators listed in the earlier section of this guide should be used to identify possible victims of trafficking. Health care workers or emergency room personnel should not assume that women or children are voluntarily engaged in prostitution. All patients who are suspected trafficking victims should be interviewed without the presence of anyone who accompanied them to the hospital or clinic. Workers in abortion clinics should be aware that women in prostitution are sometimes forced by pimps to have abortions.

HIV/AIDS Outreach Programs: HIV/AIDS prevention workers frequently come in contact with victims of trafficking. For public health workers prevention of HIV/AIDS and other sexually transmitted infections are the priorities. Aid workers are usually trained to adopt a "non-judgmental" attitude to prostitution and a "harm reduction" approach that prioritizes education and condom distribution over ending trafficking. Consequently, aid workers may overlook evidence of violence and coercion and miss identifying trafficking victims. Activists should work with HIV/AIDS outreach programs to educate them on the harm of trafficking and assist them to set identifying victims of trafficking as a priority in their outreach.

Immigrant/Ethnic Community Groups: Members of immigrant or ethnic communities, particularly men, often know about brothels with women from their country of origin. Frequently, only that community knows this information. In some ethnic communities, the use of "lower class" women in

prostitution is accepted or ignored by the wider community that does not recognize the harm suffered by victims of trafficking. Members of these communities are often reluctant to expose illegal activity because they think it reflects badly on their own ethnic group or community. In addition, traffickers may also be smugglers or businessmen who have assisted members of the community to come to the U.S. This assistance instills loyalty to the traffickers and causes the community to overlook their criminal activity.

In Berkeley, California, a wealthy prominent landlord originally from India was discovered using fraudulent visas, sham marriages and fake identities to bring men, women, and children to the U.S. He brought dalit (the lowest caste in India) girls to the US for his own sexual use. Over a 13-year period, he had assisted many Indians to come to the U.S. and spent money to build schools and public services in his home region in India. Because of the assistance he gave to people wanting to come to the US, his exploitation of people in his businesses and for sexual purposes was ignored or excused; many remained loyal to him.<sup>3</sup>

Increasingly, ethnic community groups are recognizing the harm of trafficking. Activists and service providers should contact community organizations to find out how they can work together to combat trafficking. Cooperative efforts with ethnic community leaders will assist in identifying victims and decrease the likelihood of backlash or resistance to identifying victims.

Locations with large numbers of single, transient men: Pimps traffic victims to locations where there are large number of men who are single and/or transient. In these circumstances men are more likely buy a woman or girl because they think they are anonymous and less likely to be caught. Examples of these locations are: military bases, truck stops, migrant or seasonal worker camps, convention centers, sports events, and tourist destinations.

Community Informants: Knowledge about where to find women and children for commercial sex acts is usually an open secret in most communities and cities. Although this information is rarely discussed in public, especially in front of women, many people in service jobs who come in contact with the public have information about where to find women, children, particular populations, and special types of sex acts. Taxi drivers, bar tenders, and doormen frequently gather this type of information and disperse it when asked by men in search of prostitution. They can be asked for information about specific national, racial, or ethnic groups that may lead to trafficking victims. Men who buy women and children in prostitution will also know where there are likely victims.

Traffickers Involvement in Other Criminal Activity: Traffickers and those involved in the recruitment, harboring, transportation, provision of victims are frequently involved in other criminal activity such as drug trafficking, immigration fraud, racketeering, tax evasion, bank fraud, money laundering, illegal gambling, auto theft, gun dealing, robbery, child pornography and obscenity trafficking, extortion and assault. Any illegal activity in or related to the sex industry should trigger a search for trafficking victims in associated establishments.

### **Who Should Report Suspected Cases of Trafficking**

There are a number of people who may come in contact with victims of trafficking. Anyone can report suspected cases of trafficking, and some people are mandated by law to report abuse. If the

<sup>&</sup>lt;sup>3</sup> Anita Chabria, "His Own Private Berkeley," http://www.lats.com, November 25, 2001.

victim is a child (under the age of 18), each State in the U.S. mandates that certain people report suspected cases of abuse or neglect: law enforcement officers, health care workers, social workers, mental health professionals, and school personnel. Some States also mandate commercial film or photograph processors and substance abuse counselors to report abuse and neglect. Four States--Alaska, Arkansas, Connecticut, and South Dakota--include domestic violence service providers on the list of mandated reporters. Approximately eighteen States require all citizens to report suspected abuse. For specific information, see Statutes At a Glance http://www.calib.com/nccanch/pubs/sag/manda.pdf

Suspected cases of trafficking can be reported to the toll-free Trafficking in Persons and Worker Exploitation Task Force hot line at (888) 428-7581 (voice and TTY) or the local U.S. Attorney's office. At this point, most local and state law enforcement officials are unaware of the new law or even the concept of trafficking in persons. Traditionally, they have been taught that all parties involved in prostitution are criminals and should be treated accordingly. Also, most immigration officers only see illegal foreign nationals as illegal immigrants. This lack of awareness is starting to change, but still most victims of trafficking go undetected and are deported after they come to the attention of police or immigration. Advocates for victims of trafficking are encouraged to educate all authorities and professionals they deal with about trafficking.

### Services for Victims of Trafficking

All persons who have been identified as possible victims of trafficking are entitled to the following: emergency shelter and food, emergency medical assistance, translation services, and counseling and legal assistance. Victims of severe forms of trafficking are entitled to additional services and a temporary residence visa, but they must go through an evaluation and application process to determine their eligibility. Victims will need assistance through this process and trained anti-trafficking advocates will be able to guide the victim through this process. If the victim is certified to be a victim of a severe form of trafficking, he or she will be eligible for the same services as a refugee or victim of other federal crimes. Victims may be placed in the federal witness protection program.

For more information on services for victims and the application process for obtaining these services, see "Trafficking in Persons: A Guide for Non-Governmental Organizations," issued by the Civil Rights Division of the U.S. Department of Justice. The Polaris Project web site (<a href="http://www.humantrafficking.com">http://www.humantrafficking.com</a>) has more information and applications.

### Judge: Smokes must be recalled, ads cut

BLOOMBERG NEWS

NEW YORK - Brown & Williamson was ordered by a New York judge Thursday to curb an ad campaign and recall 79,000 cartons of Kool cigarettes after New York Attorney General Eliot Spitzer complained that the company targeted children as customers.

State Supreme Court Justice Charles E. Ramos signed a temporary restraining order restricting the "Kool Mixx" campaign focused on hip-hop culture and music and ordering the recall of "special edition thematic packs of cigarettes" connected with the

ads, Spitzer said.

"It is a success in thwarting the bulk of Brown & Williamson's promotion that was clearly aimed at a youth-oriented segment of the population," said Ed Sweda, a senior attorney for the Tobacco Products Liability Project at Northeastern University School of Law in Boston.

The order comes three weeks after Texas said Kentucky-based Brown & Williamson violated a settlement with the states by hiding the sale of 7.5 billion cigarettes to reduce its payments.

Brown & Williamson, the No. 3 U.S. cigarette maker, agreed to be bought in October by Winston-Salem-based R.J. Reynolds Tobacco Holdings. "Today's rul-



Eliot Spitzer said the advertising was aimed at youngsters ing would have no impact on the proposed merger," said Maura Payne, an RJR spokeswoman.

A spokesman for Brown & Williamson, Mark Smith, said the company will abide by the New York order un-

til it gets an opportunity for a full court hearing.

Brown & Williamson was among the tobacco companies that agreed in 1998 to limit advertising, especially aimed at young people, as part of the settlement with the states.

Spitzer told Brown & Williamson in May that New York, 29 other states and the District of Columbia intend to sue it over its "Kool Mixx" ad campaign, which promotes hiphop disc jockey competitions at bars and nightclubs. States have to give tobacco companies 30 days notice of their intention to sue under the agreement.

"The industry has tried to say they've been transformed since the 1998 settlement," Sweda said: "But this type of activity undermines that argument,"

### N.C. funds upped to stop teen smoking

By Gary D. Robertson
Associated Press

RALEIGH | North Carolina will raise spending on teenage smoking prevention by 75 percent starting next year officials said Thursday, an increase that earned praise from health groups but is still well below federal recommendations.

The Health and Wellness Trust Fund Commission intends to spend another \$4.2 million this year on the state's Youth Tobacco Prevention Initiative, increasing its total annual pledge to \$10.9 million.

The commission's decision to expand its current three year \$18.6 million effort, was made earlier this week.

The panel already has issued grants to 30 organizations, created an antismoking radio ad campaign and beefed up antismoking efforts in schools and among pregnant teenagers.

The success of the pilot program and bullish cash projections from the national tobacco settlement prompted the additional commitment, Lt. Gov. Beverly Perdue said.

"We know that it's the time to increase the investment in this really important effort in North Carolina," said Lt. Gov. Perdue, the commission's chairwoman. "We are indeed doing the right thing and doing it the right way."

The increase should remove North Carolina from a list of states that have received failing marks for its antismoking efforts, said Deborah Bryan with the American Lung Association in North Carolina.

Last month, the national association gave North Carolina and five other states Fs in all four categories it rates.

Still, Ms. Bryan expects North Carolina's grade in the teen smoking category to rise only to a C-minus or D because federal health officials recommend the state spend a minimum of \$42.6 million annually.

"None of us are satisfied with our children coming home with just a passing grade," Ms. Bryan said while still praising the commission. "We want them to make an A. To make an A requires a great investment from this state."

The money won't necessarily improve the failing grades North Carolina received from the lung association in three other areas: effectiveness of smoke-free air laws, the size of its cigarette excise taxes and limits on youth access to tobaccom.

Dr How throne



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### **Press Release**

### NC CHILD HEALTH MIRRORS INVESTMENTS MADE BY GENERAL ASSEMBLY

The 2003 Child Health Report Card makes it clear that the General Assembly gets what it pays for:

- Access to publicly-supported health insurance has been expanded in recent years, and the percentage of uninsured children has dropped to its lowest level.
- ◆ Vaccines have been made available to all children at little or no cost, and the state's child immunization rates at age 2 have been among the best in the nation in recent years.
- Laws requiring smoke detectors, bicycle helmets, child passenger safety restraints and graduated drivers licenses have resulted in dramatic declines in child injury deaths.
- ◆ The long-time underfunding of child protective services, and the recent reduction of funds for services to prevent child abuse and neglect have resulted in an epidemic of confirmed cases of child maltreatment.

This ninth annual NC Child Health Report Card summarizes data on important child health indicators. Usually, these data are hard to locate or are issued separately and independently. Presenting them in one brief document paints a more complete picture of the health of North Carolina's children and youth. It also helps to track progress on the "Comprehensive Child Health Plan" developed three years ago by the Institute of Medicine.

"There is reason for celebration", said Dr. Gordon DeFriese, President of the NC Institute of Medicine. "The death rates for infants and children are the lowest ever reported, and there has been progress in almost all areas. Our immunization rate is one of the best in the nation, our public insurance programs are expanding access to health care, and the progress in reducing teen pregnancies is encouraging."

"There also is reason for worry", DeFriese said. "We still need lots more improvement in most areas, and for some, we are going in the wrong direction. Child abuse and neglect continues to be an epidemic, access to dental care for children on Medicaid is very poor, and more and more of our children are overweight".

"Our most positive results reflect major investments made by the General Assembly, and the hard work and perseverance of coalitions that include state and local agencies, providers, and child/family advocates", said Tom Vitaglione, Senior Fellow for Health at the NC Child Advocacy Institute. "However, the current budget crisis is placing much of North Carolina's progress in jeopardy, with some critical health services being reduced and most remaining seriously underfunded."

"North Carolina's goal to become "First in Education" is a laudable goal ", said Vitaglione.

"However, we must pay more attention to the relationship between student health/well-being and student success in school. Children who do not feel safe at home, or have trouble seeing or hearing, or are too ill to be in school regularly, will not be high achievers academically.

Investments in health and safety must complement investments in education."

"Our children are 20% of our population, but 100% of our future", Vitaglione noted. "They will soon be our leaders, producers and consumers. Now is the time to make the health and safety investments that will assure a bright future for our children and for our state."

\* \* \*

An on-line version of the Report Card is available on the websites of the NC Child Advocacy Institute (<a href="www.ncchild.org">www.ncchild.org</a>) and the NC Institute of Medicine (<a href="www.nciom.org">www.nciom.org</a>). Free copies are available from both organizations. The Report Card was prepared in collaboration with the Women's and Children's Health Section of the NC Department of Health and Human Services, and with financial support from the Department; the BlueCross BlueShield Foundation; and, the KIDS COUNT program of the Annie B. Casey Foundation. The NC Child Advocacy Institute is the KIDS COUNT organization for North Carolina.

# Legislative Committee on Children and Youth Testimony of Sally Herndon Malek, MPH May 4, 2004

I am Sally Herndon Malek, and I want to thank you for this opportunity to speak to you today. I am the Head of the Tobacco Prevention and Control Branch, Division of Public Health. In my time here I plan to briefly describe:

- the nature and scope of the tobacco use problem in North
   Carolina as it relates to the health of our citizens and especially our young people;
- the costs of the problem in financial and human terms;
- what we KNOW to be effective;
- highlights of the progress we are currently making; and
- what science says is the most effective action you can take to save our children from addiction, disease and death.

But first let me tell you a little about who I am. I am a native North Carolinian, and I know that here, we <u>all</u> have some relationship to tobacco. Some of us have benefited economically from it. Many of us have suffered ill health effects from its use, or have lost loved ones who have suffered. Some of us have experienced both.

Tobacco touched my life in a very personal way. About six years ago my mother, a native North Carolinian died of emphysema caused by smoking. She started smoking like most do at a very young age. Her health declined beginning at age 58. She ended up with a heart attack and eight long weeks in intensive care. During that time my Dad noticed the other families of heart patients were going home from Carolinas Medical Center, yet we were there week after week. He asked her doctor why, and his response was "the tobacco industry doesn't let go of lungs easily". Nonsmokers went on home and my Mom stayed and stayed having needles inserted to try to drain her diseased lungs. By today's standards she died a relatively young

woman, making her loss all the harder to accept. Her first great grandson was born last year and by non-tobacco use statistics she should have been here still to welcome him to the family.

## Scope of the Problem

My Mom is by no means the only North Carolinian to suffer disease and death due to tobacco use. Tobacco use is the single, leading preventable cause of death in North Carolina and the nation, responsible for more than 15,000 deaths in North Carolina annually. That is one in five deaths in our state each year. Although 51.7% of adults in our state have never smoked a cigarette, current smoking prevalence continues to hover around a quarter (24.8%) of the population or an estimated 2 million North Carolinians. 33.7% of high school and 14.3% of middle school students currently use tobacco products; 27.3% of high school and 9.3% of middle school students smoke cigarettes. (NC State Center for Health Statistics; BRFSS 2003 and Tobacco Prevention and Control Branch Youth Tobacco Survey 2003).

The problem is a costly one in both financial and human terms. Tobacco use in NC costs the state \$1.9 billion per year in direct medical expenditures alone, or more than \$255 per person. In 1998, about 13% (\$600,000,000 or \$513.30 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses. Lost productivity costs are estimated to be greater than \$2.8 billion or \$370 per person. When combined, direct medical and productivity losses cost NC \$4.8 billion annually. (CDC State Highlights).

### What works?

The experiences and evidence from State-based tobacco prevention programs implemented in the last two decades demonstrate that fully funded comprehensive programs which combine or coordinate a variety of effective interventions are the most successful in reducing tobacco use (SGR 2000). The rationale for a comprehensive tobacco prevention program rests on the importance of achieving success in four goals:

• Increasing the number of tobacco users who quit

- Reducing the number of children and adolescents who start
- Reducing exposures to environmental tobacco smoke
- Identifying and eliminating disparities in both the use and the health consequences of tobacco use among different population groups

  (CDC: Best Practices 1999).

The Task Force on Community Preventive Services has initiated an ongoing series of reviews of population-based interventions to reduce morbidity and mortality on a variety of public health topics, including tobacco use prevention and control (all reviews are available at <a href="https://www.thecommunityguide.org">www.thecommunityguide.org</a>).

<u>Table 1.</u> The Guide to Community Preventive Services: Tobacco Use Prevention and Control; Recommendations to-date.

Intervention	Recommendation
Singeroreine Exponent	
Envioument Ederge Sinut (EIS)	
Smoking bans and restrictions	Strongly Recommended
Sipplicate the factors and a control of the state of the	
ply Children Addressmerend Admis varies	
Increasing the unit price for tobacco	Strongly Recommended
products	
Mass media campaigns when combined with	Strongly Recommended
other interventions (e.g. promoting 100%	
tobacco free schools; smokefree restaurants	
and public places; Quitlines to help smokers	
quit)	

Surigais (n'Aidreise Indereo Cosmini 🐭	
Increasing the unit price for tobacco	Strongly Recommended
products	
Mass media education campaigns when	Strongly Recommended
combined with other interventions	
Interventions appropriate for health care	
systems	
Provider reminder + Provider education	Strongly Recommended
(with or without patient education)	
Reducing patient out-of pocket costs for	Recommended
effective treatments for tobacco use and	
dependence	
Patient telephone support (quit lines) when	Strongly Recommended
combined with other interventions	

# What does it cost to put an effective program in place in North Carolina?

The Centers for Disease Control and Prevention (CDC) prepared *Best Practices of Comprehensive Tobacco Control Programs* in August, 1999 to help states assess options for comprehensive tobacco control programs, and to evaluate their state and local funding priorities. "Best Practices" is available in full on the CDC website at <a href="https://www.cdc.gov/tobacco/">www.cdc.gov/tobacco/</a>. Based on the scientific evidence, state-specific funding ranges and programmatic recommendations are provided. The lower estimate of total annual program cost that CDC recommends for North Carolina is \$42.59 Million (\$42,591,000) and the upper range is \$118.6M (\$118,626,000).

## We are making progress, yet challenges remain!

Centuries old social, economic, and political traditions in the nation's leading tobacco producing state are giving way to the knowledge gained in recent decades about the health effects of tobacco use and widening state and local support for the

policies and interventions known to be effective. While major barriers remain, the tobacco prevention and control movement in North Carolina has made strides in the last year that indicate a change in norms.

Preliminary data from the 2003 Youth Tobacco Survey has good news and bad news:

- Current cigarette use has declined significantly among middle school students, dropping from 15% to 9.3%; however there is no significant decline among high school students.
- Middle school use of smokeless tobacco has increased from 2.3% in 1999 to 4.5% in 2003.

# Accomplishments and indicators of change include:

- The historic allocation of \$28 million over three years by the NC Health and Wellness Trust Fund Commission (HWTFC); this is the first ever state funds dedicated for tobacco prevention and control. This represents approximately 25% of the CDC Best Practice minimum annual investment for North Carolina.
- The HWTFC unveiled a mass media campaign that conveys the serious health consequences of tobacco use in personal stories through Tobacco Reality Unfiltered or T.R.U. at www.realityunfiltered.com.
- The NC House of Representatives banned smoking on the floor of the House as a worksite policy rule change last year. This reduces exposure to secondhand smoke, a known human lung carcinogen and a risk factor for cardiovascular disease and asthma, among staff, visitors and legislators.
- Since the Governor's Summit on Teen Tobacco Use in 2000, and since SB 583 was passed clarifying the local School Board's ability to pass a 100% tobacco free school policy there has been a rapid acceleration from 6 to 36 out of 117 school districts adopting 100% tobacco free school policies. This represents a 516% increase and nearly 44% of students are in schools that are 100% tobacco free.

- The percentage of workers in NC protected by nonsmoking polices, through private, voluntary policy advocacy has exceeded the national average. However, disparities exist. Blue collar and service industry workers are less likely to be protected by nonsmoking policies. A recent article in the Journal of the American Medical Association shows that food service workers who are not covered by smoke-free workplace laws, yet who are themselves non-smokers, could still experience a 50% greater lung cancer rate than the general population.
- We have an active, viable diverse youth movement in North Carolina to reduce teen tobacco use. More than 300 diverse youth leaders representing 62 counties attended a 3 day Statewide Leadership Institute sponsored by the Health and Wellness Trust Fund Commission and carried out by the Tobacco Prevention and Control Branch and the Question Why Youth Empowerment Centers in March this year. 93% of the youth learned new skills and 89% were inspired to take action.

### In Closing

Our state's Vision 2010 plan for North Carolina is to cut teen tobacco use rates in half. That is my job — and I can tell you it's a very tough job. I need your help. But I have a special incentive. Like far too many North Carolina kids, my mother started smoking at age 12 - so young to start something so addictive, and once she started she couldn't stop. It was a painful last six years in her life, for her, my father and all the family. She was on oxygen; she could not breathe. Before she left us, she asked that I help young people not get in the fix she was in. That's a noble charge, it keeps me going, and I think it is one all of us can agree on.

Tobacco prevention and control is complex. It takes community involvement from North Carolina's diverse communities working to apply what works in their communities. It takes media and policy interventions that make not using tobacco products the social norm. Its time for North Carolina to act on what we know to be effective, and to help ensure productive full lives for this generation.

The single most proven strategy is to substantially increase the price of cigarettes, cigars and spit tobacco products.

The Benefits of a 75-cent Tobacco Tax Increase. According to the Campaign for Tobacco Free Kids, conservative estimates of the public health benefits of a 75-cent per cigarette pack increase in NC would result in:

- A 17.3% decrease in youth smoking
- 113,000 kids alive today who will not become smokers:
- 74,000 current adult smokers in the state who would quit:
- 15,300 smoking-affected births avoided over next five years:
- 16,200 current adult smokers saved from smoking-caused death:
- 36,100 kids alive today saved from premature smoking-caused death:
- \$17.5 million in 5-Year healthcare savings from fewer smoking-affected pregnancies & births.
- \$29.5 million in 5-year healthcare savings from fewer smoking-caused heart attacks & strokes.
- \$1.97 billion in Long-term healthcare savings in state from adult & youth smoking declines.

It's a new day in North Carolina. We know what works. Help me meet my mother's dying wishes...help today's young kids avoid the horrible situation she was in.

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# N.C. funds upped to % stop teen % smoking &

By Gary D. Robertson
Associated Press

RALEIGH | North Carolina will raise spending on teenage smoking prevention by 75 percent starting next year, officials said Thursday, an increase that earned praise from health groups but is still well below federal recommendations.

The Health and Wellness Trust Fund Commission intends to spend another \$4.2 million this year on the state's Youth Tobacco Prevention Initiative, increasing its total annual pledge to \$10.9 million.

The commission's decision to expand its current three-year, \$18.6 million effort, was made earlier this week.

The panel already has issued grants to 30 organizations, created an antismoking radio ad campaign and beefed up antismoking efforts in schools and among pregnant teenagers.

The success of the pilot program and bullish cash projections from the national tobacco settlement prompted the additional commitment, Lt. Gov. Beverly Perdue said.

"We know that it's the time to increase the investment in this really important effort in North Carolina," said Lt. Gov. Perdue, the commission's chairwoman. "We are indeed doing the right thing and doing it the right way."

The increase should remove North Carolina from a list of states that have received failing marks for its antismoking efforts, said Deborah Bryan with the American Lung Association in North Carolina.

Last month, the national association gave North Carolina and five other states Fs in all four categories it rates.

Still, Ms. Bryan expects North Carolina's grade in the teen smoking category to rise only to a C-minus or D because federal health officials recommend the state spend a minimum of \$42.6 million annually.

"None of us are satisfied with our children coming home with just a passing grade," Ms. Bryan said while still praising the commission. "We want them to make an A. To make an A requires a great investment from this state."

The money won't necessarily improve the failing grades North Carolina received from the lung association in three other areas: effectiveness of smoke-free air laws, the size of its cigarette excise taxes and limits on youth access to tobacco.

# Obesity on track as No. 1 killer

# Inactivity, poor diet may overtake tobacco

By Nanci Hellmich **USA TODAY** 

Poor diet and lack of exercise might end up killing more people than tobacco use and become the leading cause of preventable deaths in the USA by as early as next year, a new study says.

Diet and physical inactivity accounted for

400,000 deaths in 2000, or about 16.6% of total deaths. Tobacco, with 435,000 deaths, was 18.1% of the total, says research in today's Journal of the American Medical Association.

"This is really a tragedy," says Julie Gerberding, director of the Centers for Disease Control and Prevention and one of the authors of the study. "Obesity is the overt manifestation" of poor diet and sedentary lifestyle, and it's a "preventable risk factor," she says.

Pill in the works to cut cravings

Drug has helped obese people and smokers, 6D

Obesity public service ads urge small steps, 9D

Smoking rates are dropping, but Americans are increasingly overweight. That's why obesity probably will overtake smoking as the leading preventable cause of death by 2005, says CDC epidemiologist Ali

Mokdad, another study author. Almost 65% of Americans weigh too much, increasing their risk of heart disease, diabetes and cancer.

On Tuesday, the government announced two ways it intends to help: by running public service ads on the importance of controlling weight and by paying for new obesity research.

For the latest study, CDC researchers reviewed about 1,000 studies linking certain behaviors and death, and they came up with an equa-tion that determines the actual risk from those behaviors. Often, more than one cause or condition contributes to a single death. The top killers are

#### Death toll

Causes of preventable U.S. deaths in 2000:

(In thousands) Tobacco use

Diet/physical inactivity

Alcohol consumption

Motor vehicle crashes

43

Firearms

29

Sexual behaviors

**1**20

Illicit drugs

Source: Centers for Disease Control and Prevention

By Frank Pompa, USA TODAY

heart disease, cancer and stroke. The researchers say poor diet and inactivity are considered "modifiable" behaviors that give those killers ammunition.

Nutrition experts say Americans must take this news seriously. "Obesity and unhealthy lifestyles are now the most important public health problems of this century," says Samuel Klein, director of the Center for Human Nutrition at Washington University School of Medicine in St. Louis.

"It's not just the increase in premature deaths that's a problem, but also the illness, disability, suffering and economic costs that go with it," he says.

Roland Sturm, a senior economist with Rand Corp., a research think tank, says Americans have been getting healthier and living longer. But he says that if the obesity rate continues to rise, "it will reverse that trend." People now in their 40s will develop conditions such as diabetes, arthritis and back pain that will

reduce their quality of life, he says. In a study in the March issue of *Health Affairs*, Sturm predicts that by 2020, one in five health-care dollars spent on people ages 50 to 69 could be for medical

problems related to excess weight.

"People need to get off the train of overeating, gain-ing weight and being sedentary," says George Black-burn, associate director of the division of nutrition at Harvard Medical School. "These are 400,000 avoidable, premature deaths that wouldn't occur if we didn't overeat and weren't coach potatoes.'

Gerberding says she would like to see Americans take small steps to a healthier lifestyle, and those steps would "add up to a more fit body. That means eating healthy foods in healthy portion sizes and finding ways to incorporate exercise into their everyday lives."



North Carolina General Assembly

Senator Ellie Kinnaird

# Anti-soda classes help kids battle the bulge

Study first to find nutrition education reduces obesity rates in children

#### **BY EMMA ROSS**

**Associated Press** 

LONDON — School programs discouraging sodas appear to reduce obesity among children, suggests a new study — the first research to document that such programs work.

The study, outlined on the British Medical Journal's Web site, found that a one-year "ditch the fizz" campaign discouraging both sweetened and diet soft drinks led to a lower percentage of elementary students who were overweight or obese.

The improvement occurred

after a modest reduction in consumption — less than a can a day.

Representatives of the soft drink industry contested the implications of the results. The British Soft Drink Association said carbonated drinks provide only a fraction of children's daily calories and should not be blamed.

The investigators studied 644 children, age 7 to 11, in six primary schools in Christchurch, England, during the 2001-2002 school year. Half the participating classes discouraged sodas and stressed a healthy diet, while the other half did not.

Overweight and obese children increased by 7.5 percent in the group that did not participate and dipped by 0.2 percent in the group that did.

Experts said the important point was the program reduced obesity rates through nutrition education.



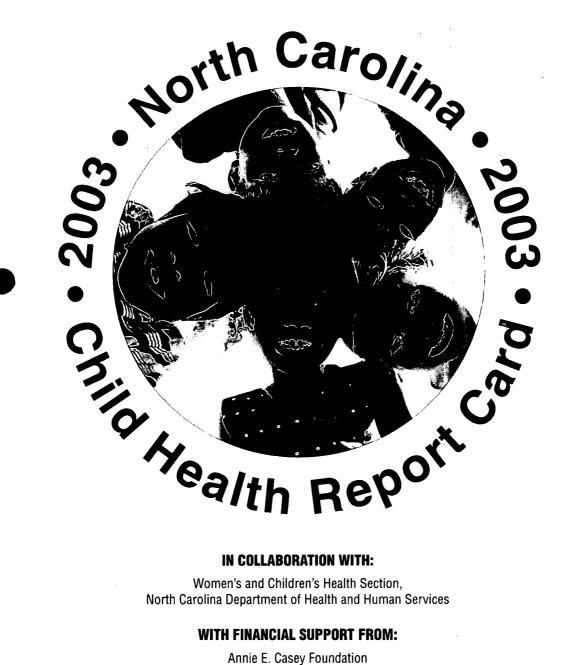
ASSOCIATED PRESS I STEVE MILLER

Third-grader Angela Cable, 9, buys milk for lunch while Fernando Blandon, 8, waits his turn at the Nathan Hale School in New Haven, Conn. The school participates in a districtwide program replacing soda with milk and fruit juice in vending machines. A new study suggests that discouraging soda in schools leads to fewer obese students.



Dr How throne

North Carolina Institute of Medicine



Annie E. Casey Foundation







he purpose of the North Carolina Child Health Report Card is to heighten awareness—among policy makers, practitioners, the media, and the general public—of the health of children and youth across our state. All of the leading child health indicators are summarized in this one, easy-to-read publication. This is the ninth annual Report Card, and we hope it once again will encourage everyone concerned about young North Carolinians to see the big picture and then rededicate themselves to improving the health and safety of the children whose lives they affect.

Statewide data are presented for the most current year available and a comparative year (usually 1997) as a benchmark. Unless otherwise noted, data are presented for calendar years. The specific indicators were chosen not only because they are important, but also because there are data available. In time, we hope expanded data systems will begin to produce accurate data that would allow the "picture" of child health and safety to expand as well. For several indicators, county data can be accessed through the web site of the NC Child Advocacy Institute (www.ncchild.org).

The data provide reason for celebration and concern. There is plenty to celebrate. For most indicators, the trend is toward improvement, and for several—including infant and child death rates; uninsured rates; the immunization rate; teen pregnancy—the data are truly encouraging. However, there is also cause for heightened concern and strong action. For several indicators—including child abuse and neglect; child abuse homicide; asthma; overweight in low-income children; the use of alcohol, tobacco, and illegal substances—the data reflect unnecessary and unacceptable risks to NC children and youth. When data are available, they indicate that racial disparities remain disturbingly wide.

The underlying messages are the same as those noted in prior Report Cards. North Carolina's child health outcomes are not a matter of happenstance, nor are they inevitable. Our results—good, bad, or indifferent—invariably mirror investments made by the General Assembly and the hard work and perseverance of coalitions that include state and local agencies, providers, and child/family advocates. Regrettably, the current state budget crisis is placing much of this progress in jeopardy, with some critical health services being reduced and most remaining seriously underfunded.

While the frequently-stated goal of being "First in America" in the formal education of our children is laudable, there is no way to achieve that goal if our children are nowhere near first in measures of health and safety. Attention to the relationship between student health/well-being and student success in school is a challenge for all North Carolinians. Our children are 20% of our population, but they are 100% of our future. They will soon be our leaders, our producers, and our consumers. Now is the time to make the investments that will assure a bright future for our state.

#### Grades and Trends

Grades are assigned to bring attention to the current status of each indicator, and are based on a general consensus among the sponsoring organizations. A indicates that the current status is "very good"; B is "satisfactory"; C is "mediocre"; D is "unsatisfactory"; F is "very poor".

Trends are represented by arrows:  $\uparrow$  indicates the data are improving;  $\downarrow$  indicates the data are becoming worse;  $\rightarrow$  indicates little or no change from the reference year. Regardless of the grade, the trend reminds us if progress is being made, and progress should be our goal in every case.

Tom Vitaglione (NCCAI) and Kristie Weisner (NC IOM) led the development of this publication, with valuable contributions from many staff members of the North Carolina Department of Health and Human Services.

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	Current	Benchmark		Gr	ade
Health Indicator	Year	Year	Δ	& T	rend
Insurance coverage <sup>1</sup>	2002	1997			
Health Choice enrollment in December (age 0-18)	89,446	0	na	Α	<u> </u>
Medicaid enrollment in December (age 0-18)	575,288	433,696	+ 33%	A	<b>1</b>
	1999-2001 avg.	_		_	
% of all children (age 0-18) at or below 200% poverty	7.5	10.9	- 31%	В	<b>1</b>
without health insurance	2001	1996/1997			
% of all children (age 0-18) uninsured	11.2	18.0	- 38%	В	$\uparrow$
% of all children (age 0-10) drillisured	11.2	10.0	00 /0		•
Medicaid Preventive Care <sup>2</sup>	2002	1997			
% of Medicaid-enrolled children (age 0-18) receiving	71.7	50.3	+ 43%	Α	lack
preventive care					
Indone 88 one City 3	2002	1997			
Infant Mortality <sup>3</sup> # of infant deaths per 1000 live births:	2002	1991			
# of infant deaths per 1000 live births: All	8.2	9.2	- 11%	В	个
White	5.9	6.9	- 14%	В	<b></b>
Other races	14.2	14.8	- 4%	D	· →
		-			
Low Birth-Weight Infants⁴	2002	1997			
% of infants born weighing 5 lbs., 8 ozs. or less:					
All	8.9	8.9	0%	D	$\rightarrow$
White	7.4	7.2	+ 3%	D	$\rightarrow$
Other races	13.3	13.1	+ 2%	F	$\rightarrow$
Immunization Rates⁵	2002	1997			
% of children with appropriate immunizations:					
At age 2	85.3	82.2	+ 4%	Α	$\uparrow$
At school entry	99.4	98.3	+ 1%	A	$\rightarrow$
	0000	1007			
Communicable Diseases <sup>6</sup>	2002	1997			
# of newly reported cases:	14	18	- 22%	В	<b>1</b>
Congenital Syphilis Perinatal HIV/AIDS	(2001) 5	3	+ 67%	В	<b>V</b>
Tuberculosis (age 0-19)	44	23	+ 91%	D	¥
Tuberoulous (age o To)			,		
Vaccine-Preventable Communicable Diseases <sup>7</sup>	2002	1997			
# of reported cases (age 0-19):					
Measles	0	2	- 100%	Α	<b>↑</b>
Mumps	0	6	- 100%	Α	<b>↑</b>
Rubella	0	44	- 100%	Α	<b>↑</b>
Diptheria	0	0	0%	A	<b>→</b>
Pertussis	37	95	- 61% 0%	В	↑ →
Tetanus	0 0	0 0	0% 0%	A	<del>→</del>
Polio	U	U	U /0	^	,

has been the focus of attention for some time, but the disparity continues to widen, and is cause for concern.

- 4. Low Birth-Weight Infants. Low birth-weight is a serious component of infant mortality that has remained intractable over the years. Efforts to reduce this problem are now shifting to the preconception period. It has been noted that women with a history of positive health behaviors prior to pregnancy have better birth outcomes. School health curricula and general awareness campaigns can play a big role in this regard. Once again, the wide disparity between whites and other races is cause for great concern.
- 5. Immunization Rates. Federal reports indicate that North Carolina's immunization rate at age two has been among the best in the nation for the last few years. This true success story is directly attributable to a decision by the General Assembly to make vaccines available to children at low or no cost, and to a statewide initiative that enjoys the participation of public and private primary care providers.
- 6. Communicable Diseases. While still disappointingly high, the number of newly reported congenital syphilis cases has been dropping consistently. Continuing progress is hoped for. Though more infants are being born to women who are HIV+, the transmission of HIV/AIDS from mother to child during the birth process has become a relatively rare event in NC. This is due to a statewide system of voluntary counselling and drug intervention, for which public and private providers should be proud. Regrettably, tuberculosis is making a comeback in NC, largely due to the entry of migrants and immigrants with the disease. Public health workers are currently addressing this problem.
- 7. Vaccine-Preventable Communicable Diseases. These diseases are no longer the childhood afflictions they used to be, due to the development and expanded availability of vaccines, and a statewide surveillance system guided by NC DHHS. Tetanus, polio, and diphtheria have virtually been eliminated, and cases of measles and mumps are relatively rare. The persistence of pertussis warrants careful monitoring. For the second consecutive year, no cases of rubella were reported, which is a testimony to the work of local health departments in providing immunization education and services particularly focused on new immigrant populations.
- 8. Environmental Health. The percent of children ages 12-36 months screened for blood lead levels has increased significantly in the past five years due to a statewide awareness initiative and the participation of private physicians and local health departments (and WIC Programs in particular). However, only 36% of children were screened in 2002, a disappointingly low percentage given the adverse effects of elevated blood lead levels (defined as 10 micrograms per deciliter or greater) on child development. Conversely, the percent of screened children found to have elevated blood lead levels has declined dramatically in NC, largely due to awareness campaigns and the continued reduction in exposure to products containing lead.

The NC School Asthma Survey was conducted in 1999-2000 on most seventh and eighth graders and produced for the first time relatively accurate estimates of asthma prevalence. The data confirm that asthma is the leading chronic illness among our school-age children, with few urban-rural and racial differences in prevalence. A problem of this magnitude warrants more frequent surveys of prevalence. The decline in the hospital discharge rate reflects the efforts of the NC Medical Society Foundation and the Carolina Access Program to educate primary care providers in the management of asthma. More progress is expected. (Discharge rates by race were unavailable for 2002 due to reporting omissions. Since there have been wide racial disparities in the past, it is critical that reporting be improved.)

 Dental Health. Data from surveys conducted by the DHHS Oral Health Section show no improvement in the dental health of children entering kindergarten, with 24% having untreated tooth decay. Awareness regarding the effectiveness of fluoride varnish for young children is growing, which hopefully will reduce the prevalence of tooth decay on school entry. Happily, the percent of school-age children with the protection of sealants continues to grow. Access to dental care for Medicaid-enrolled children has grown, but remains disappointingly low. In response to a court-negotiated settlement, the General Assembly has approved appropriations to increase dental reimbursement rates substantially. Hopefully, this will enhance access quickly and dramatically.

- 10. Early Intervention. Program caseloads continue to increase, and NC's collaborative early intervention services system continues to receive national acclaim. Despite these impressive enrollment numbers, program administrators estimate that as little as 50% of the target population is being served. While efforts to expand and strengthen these services have been a DHHS priority, the budget crisis has led the General Assembly to restrict appropriations in this area.
- 11. Child Abuse and Neglect. The number of children receiving assessments and the number of children substantiated as victims of abuse and neglect continue to rise and are alarmingly high. Were it a communicable disease, child abuse and neglect would be declared an epidemic in NC. Paradoxically, appropriations to mitigate this problem have been reduced by the General Assembly. Tragically, deaths due to abuse represent about half of all child homicides, further confirming that home can be a dangerous place for far too many of our children.
- 12. Child Fatality. The rate of child deaths in 2002 is the lowest ever reported, representing a 15% decline since 1997 and a remarkable 26% decline in the past decade. Declines occurred in all age categories. The NC Child Fatality Task Force, as well as state and local review teams, continues to explore ways to prevent child deaths.
- 13. Deaths Due to Injury. This is the primary cause of death in children older than one year of age. Even though the number of children in the population has increased significantly in the past in years, the actual number of deaths has declined in all the categories of injuries (except fire/burn). This reflects a decade-long effort, including laws (such as the graduated drivers license system, and requirements for child safety restraints in vehicles; bicycle helmets; and smoke detectors) and awareness campaigns to promote the vigilance needed to prevent unintentional injuries. Cases of homicide and suicide, though in decline, are a continuing tragedy.
- 14. Alcohol, Tobacco, Substance Abuse, and Physical Activity. These data, which indicate improvement in most areas, are derived from the biennial Youth Risk Behavior Survey conducted by the Department of Public Instruction in cooperation with the Centers for Disease Control and Prevention. Though there are some questions regarding the validity of the survey process, these data indicate a need for continued efforts to reduce the risk-taking behaviors of our school children of all ages.
- 15. Overweight. This is conservatively defined as a body mass index equal to or greater than the 95th percentile using federal guidelines. Concern about overweight prevalence occurs when it exceeds 5%. The NC data for all age groups are well above that level of concern, and are getting worse. This does not bode well, for childhood obesity can lead to adult health problems, such as high blood pressure, heart disease, diabetes, etc. While the children represented in these data are those who receive services in local health departments or school health centers and may not be representative of the state as a whole, the data are sending an important signal that must be heeded. Increased public awareness offers some hope in dealing with this problem. In particular, the recommendations of the new NC Healthy Weight Initiative deserve consideration and support.
- 16. Teen Pregnancies. The national decline in teen pregnancies is being experienced in NC as well. While the data are quite encouraging, it is clear that more progress must be made in this Of particular concern is the wide disparity in the white rate and o races rate.

Current	Benchmark		Gr	adé
Year	Year	Δ	& T	rend
2002	1007			
2002	1997			
36.2	24 1	+ 50%	C	<b>1</b>
			_	<u>,</u>
1.5	4.0	0070	_	•
2000	1997			
28	na		С	
11	na		С	
2002	1997			
224	264.3	- 15%	В	<b>1</b>
				<b>↑</b>
24	24	0%	D	$\rightarrow$
2002	1998			
20	12	+ 67%	D	$\uparrow$
37	27	+ 37%	D	
24	19	+ 26%	D	<b>—</b>
2002	1997			
10,264	6,011	+ 71%	В	· 1
FY 01-02	FY 96-97			
		***		
107,218	83,257	+ 29%	F	$\mathbf{\Psi}$
32,883	28,619	+ 15%	F	$\mathbf{\downarrow}$
2001	1997			
24	36	- 33%	. <b>F</b>	$\uparrow$
	4007			
2002	1997			
	2002  36.2 1.9  2000 28 11  2002 224  2002 37 24  2002 20 37 24  2002 10,264  FY 01-02  107,218 32,883  2001 24	Year         Year           2002         1997           36.2         24.1           1.9         4.3           2000         1997           28         na           11         na           2002         1997           224         264.3           2002         1997           37         28           24         24           2002         1998           20         12           37         27           24         19           2002         1997           10,264         6,011           FY 96-97           107,218         83,257           32,883         28,619           2001         1997           24         36	Year         Λ           2002         1997           36.2         24.1         + 50%           1.9         4.3         - 56%           2000         1997         28         na           11         na         1         1           2002         1997         224         264.3         - 15%           2002         1997         37         28         + 32%           24         24         0%         0%           2002         1998         20         12         + 67%           37         27         + 37%         24         19         + 26%           2002         1997         10,264         6,011         + 71%           FY 01-02         FY 96-97           107,218         83,257         + 29%           32,883         28,619         + 15%           2001         1997         24         36         - 33%	Year         Λ         & T           2002         1997           36.2         24.1         + 50%         C           1.9         4.3         - 56%         B           2000         1997         28         na         C           11         na         C         C           2002         1997         C         C           2002         1997         C         D           2002         1997         C         D           2002         1998         C         D           2002         1998         D         D           2002         1998         D         D           2002         1998         D         D           2002         1997         D         D           2002         1997         D         D           10,264         6,011         + 71%         B           FY 01-02         FY 96-97         F           2001         1997         C         C         C           2001         1997         C         C         C         C           2001         1997         C         C         C </td

	Current	Benchmark		Gr	ade
Health Indicator	Year	Year	Δ	& T	rend
Deaths Due to Injury <sup>13</sup>	2002	1997			
# of deaths (age 0-18):					
Motor Vehicle-related	174	218	- 20%	В	个
Drowning	23	28	- 18%	С	<b>1</b>
Fire/Burn	23	17	+ 35%	D	$\mathbf{\Psi}$
Bicycle	5	9	- 44%	Α	lack
Suicide	19	35	- 46%	C	lack
Homicide	43	62	- 31%	D	$\uparrow$
Firearm	32	55	- 42%	D	$\uparrow$
Alcohol, Tobacco & Substance Abuse <sup>14</sup>	2001	1997			
% of students in grades 9-12 who reported using the					
following in the past 30 days:					
Cigarettes	27.8	35.8	- 22%	D	<b>1</b>
Marijuana ·	20.8	24.9	- 16%	,F	lack
Alcohol (beer)	38.2	43.6	- 12%	F	lack
Cocaine	2.7	3.0	- 10%	D	<b>↑</b>
Physical Activity <sup>14</sup>	2001	1997			
Grades 9-12) who exercised at least 20 minutes a	64	55.2	+ 16%	С	<u></u>
day, at least 3 days in the past week	•				
Overweight¹⁵	2002	1997			
% of low-income children who are overweight:					
Age 2-4	13.5	10.0	+ 35%	D	$\mathbf{\Psi}$
Age 5-11	21.1	15.9	+ 33%	F	$\downarrow$
Age 12-18	26.3	25.6	+ 3%	F	$\rightarrow$
Teen Pregnancy <sup>16</sup>	2001	1996			
# of pregnancies per 1,000 girls (age 15-17):					
All	40.6	65	- 38%	С	lack
White	32.0	49	- 35%	C	lack

#### Notes:

Other races

- 1. Insurance Coverage. For many years, NC's Medicaid Program has been recognized as one of the better programs in the nation. NC Health Choice for Children, the state children's health insurance program implemented in 1998, has been acclaimed in several national studies as one of the best such programs. A community-based outreach initiative led to quick and large increases in NC Health Choice enrollment, while also increasing Medicaid enrollment. These enrollment increases are reflected in the most recent census figures, which indicate rather significant declines in the percentage of uninsured children. More progress is needed in this area, and the NC Pediatric Society is sponsoring a "Covering Kids" project to enhance outreach. In addition, the
- a "Covering Kids" project to enhance outreach. In addition, the last Assembly has provided additional appropriations to increased enrollment in NC Health Choice. Of great concern, however, is that Medicaid funding was seriously questioned in the recent legislative session, and transitional Medicaid benefits have been restricted for the children of those who have recently re-obtained employment.
- 2. Medicaid Preventive Care. The percentage of Medicaid-enrolled children receiving preventive care on a continuous basis increased by a remarkable 43% between 1997 and 2002. This significant increase can be attributed to the Carolina Access Program, which links children with primary care providers, and the outreach efforts of the Health Check Initiative. The increase is even more remarkable because Medicaid enrollment increased significantly during the period due to expanded access previously provided by the General Assembly. Since even more progress is needed in this area, it is critical that the Carolina Access Program and outreach efforts remain in place.

101.3

59.5

- 41%

3. Infant Mortality. The 2002 infant mortality rate of 8.2 is the lowest ever recorded in NC, representing an 11% reduction since 1997 and a notable 22% reduction since 1993. This reflects great progress in reducing infant deaths from birth defects and sudden infant death syndrome. Both areas have received financial investments by the General Assembly, and have been the focus of services and awareness campaigns generated by the NC Department of Health and Human Services (DHHS), the March of Dimes, and community agencies. Regrettably, these investments are in jeopardy due to the state's budget crisis. The difference between whites and other races

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# Moving Our Children Toward a Healthy Weight

# Finding the Will and the Way





# Message From the Secretary North Carolina Department of Health and Human Services



Secretary Hooker Odom

The dramatic increase in obesity in North Carolina and across the United States brings with it enormous health challenges. Obesity increases the risk of heart disease, diabetes, several forms of cancer and other chronic health problems. It can reverse the progress we have made fighting these diseases, increase human suffering, and add extraordinary costs to our health care system.

We must reverse this alarming trend, and the best place to start is with our children and youth. Teens who are overweight have a 70 percent chance of becoming overweight or obese adults; this increases to 80 percent if one or more parent is overweight or obese. Many children are becoming overweight at very early ages. Twelve percent of 2 to 4 year old children seen in North Carolina public health settings are overweight. This rises to 20 percent among 5 to 11 year olds and to 26 percent among 12 to 18 year

olds. Type 2 diabetes, once called adult-onset diabetes, is now being diagnosed in children and teens.

I am pleased that North Carolina has begun to address these issues through the Healthy Weight Initiative. I encourage all of us to become involved in working toward the recommendations outlined in this plan. These recommendations are the result of months of work by a task force of 100 North Carolinians from many walks of life. Some encourage individuals and families to eat healthier and be more active. Others are broader in scope, providing direction for policy and environmental change in schools, communities, and health care that will help children and youth learn to enjoy healthy eating and physical activity. Other recommendations call on the media to promote healthy lifestyles and educate the public on the costs of not making changes. And finally there is a recommendation to expand research and surveillance so that we can improve our interventions in the future.

Most importantly, I urge all of us to recognize that there is no quick fix or magic bullet that will solve this problem. Obesity is preventable, but it requires an approach that begins with our children and is consistent throughout our society. We must use this approach, involving individuals and families, business and industry, government and non-governmental organizations, and policy makers at all levels. And we must all work together with patience and persistence.

Carmen Hooker Odom

