

**2011-2012**

**CHILDHOOD OBESITY  
HOUSE SELECT  
COMMITTEE**

**MINUTES**



Office of Speaker Thom Tillis  
North Carolina House of Representatives  
Raleigh, North Carolina 27601-1096

---

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

TO THE HONORABLE MEMBERS OF THE  
NORTH CAROLINA HOUSE OF REPRESENTATIVES

**Section 1.** The House Select Committee on Childhood Obesity (hereinafter "Committee") is established by the Speaker of the House of Representatives pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

**Section 2.** The Committee consists of the 9 members listed below, appointed by the Speaker of the House of Representatives. Members serve at the pleasure of the Speaker of the House of Representatives. The Speaker of the House of Representatives may dissolve the Committee at any time.

Representative Stephen LaRoque (co-chair)
Representative Norm Sanderson (co-chair)
Representative Larry Brown
Representative Linda Johnson
Representative Rayne Brown
Representative Chuck McGrady
Representative Verla Insko
Representative Marcus Brandon
Representative Garland Pierce

**Section 3.** The Committee shall study issues relating to childhood obesity. In the course of the study, the Committee may consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through the following:

- (1) Early childhood intervention.
- (2) Childcare facilities.
- (3) Before- and after-school programs.
- (4) Physical education and physical activity in schools.
- (5) Higher nutrition standards in schools.
- (6) Comprehensive nutrition education in schools.

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

- (7) Increased access to recreational activities for children.
- (8) Community initiatives and public awareness.
- (9) Other means.

The Committee shall encourage input from public nonprofit organizations promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**Section 4.** The Committee shall meet upon the call of its Co-Chairs. A quorum of the Committee shall be a majority of its members.

**Section 5.** The Committee, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and Article 5A of Chapter 120 of the General Statutes.

**Section 6.** Members of the Committee shall receive per diem, subsistence, and travel allowance as provided in G.S. 120-3.1.

**Section 7.** The expenses of the Committee including per diem, subsistence, travel allowances for Committee members, and contracts for professional or consultant services shall be paid upon the written approval of the Speaker of the House of Representatives pursuant to G.S. 120-32.02(c) and G.S. 120-35 from funds available to the House of Representatives for its operations.

**Section 8.** The Legislative Services Officer shall assign professional and clerical staff to assist the Committee in its work. The Director of Legislative Assistants of the House of Representatives shall assign clerical support staff to the Committee.

**Section 9.** The Committee may submit an interim report on the results of the study, including any proposed legislation, on or before May 1, 2012, by filing a copy of the report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee shall submit a final report on the results of its study, including any proposed legislation, to the members of the House of Representatives prior to the convening of the 2013 General Assembly by filing the final report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee terminates upon the convening of the 2013 General Assembly or upon the filing of its final report, whichever occurs first.

Effective this the 1st day of September, 2011.



Thom Tillis  
Speaker



NORTH CAROLINA GENERAL ASSEMBLY  
Legislative Services Office

George R. Hall, Legislative Services Officer

*Research Division*

300 N. Salisbury Street, Suite 545  
Raleigh, NC 27603-5925  
Tel. 919-733-2578 Fax 919-715-5460

*O. Walker Reagan*  
Director

October 18, 2011

The Honorable Stephen LaRoque, Co-Chair  
House Select Committee on Childhood Obesity  
North Carolina House of Representatives  
300 North Salisbury Street, Room 635  
Raleigh, NC 27603-5925

Dear Representative LaRoque,

Congratulations on your designation as Co-Chair of the House Select Committee on Childhood Obesity.

I have asked Ms. Theresa Matula, Ms. Patsy Pierce, and Ms. Sara Kamprath, with the Research Division; Ms. Lisa Wilks, with the Bill Drafting Division; Ms. Lisa Hollowell and Ms. Denise Thomas, with the Fiscal Research Division, to serve as staff to this Committee. In accordance with the Committee's directions as expressed through the Co-Chairs, they will aid in all aspects of the Committee's work, and will attend the meetings of the Committee when it convenes upon the call of the Co-Chairs. Please note that all these individuals also will be responsible for staffing other study committees and commissions during the Interim.

Should you wish to contact Ms. Matula, Ms. Pierce, and Ms. Kamprath, they may be reached by telephone at (919) 733-2578. Ms. Wilks may be reached at (919) 733-6660. Ms. Hollowell and Ms. Thomas, may be reached at (919) 733-4910.

My best wishes to you and the Committee in its work. If I may be of any service to you or the Committee, please contact me.

Yours truly,

A handwritten signature in cursive script that reads "O. Walker Reagan".

O. Walker Reagan  
Director of Research

OWR/tmp

cc: Hon. Thom Tillis, Speaker  
Hon. Norman Sanderson, Co-Chair  
Mr. George Hall  
Mr. Gerry Cohen  
Mr. Mark Trogdon  
Ms. Nicole McGuinness  
Ms. Sarah Wolfe

Ms. Sara Kamprath  
Ms. Theresa Matula  
Ms. Patsy Pierce  
Ms. Lisa Wilks  
Ms. Lisa Hollowell  
Ms. Denise Thomas  
Ms. Becky Cook  
Mr. Brian Peck



NORTH CAROLINA GENERAL ASSEMBLY  
Legislative Services Office

George R. Hall, Legislative Services Officer

Research Division

300 N. Salisbury Street, Suite 545  
Raleigh, NC 27603-5925  
Tel. 919-733-2578 Fax 919-715-5460

O. Walker Reagan  
Director

October 18, 2011

The Honorable Norman Sanderson, Co-Chair  
House Select Committee on Childhood Obesity  
North Carolina House of Representatives  
300 North Salisbury Street, Room 306A  
Raleigh, NC 27603-5925

Dear Representative Sanderson,

Congratulations on your designation as Co-Chair of the House Select Committee on Childhood Obesity.

I have asked Ms. Theresa Matula, Ms. Patsy Pierce, and Ms. Sara Kamprath, with the Research Division; Ms. Lisa Wilks, with the Bill Drafting Division; Ms. Lisa Hollowell and Ms. Denise Thomas, with the Fiscal Research Division, to serve as staff to this Committee. In accordance with the Committee's directions as expressed through the Co-Chairs, they will aid in all aspects of the Committee's work, and will attend the meetings of the Committee when it convenes upon the call of the Co-Chairs. Please note that all these individuals also will be responsible for staffing other study committees and commissions during the Interim.

Should you wish to contact Ms. Matula, Ms. Pierce, and Ms. Kamprath, they may be reached by telephone at (919) 733-2578. Ms. Wilks may be reached at (919) 733-6660. Ms. Hollowell and Ms. Thomas, may be reached at (919) 733-4910.

My best wishes to you and the Committee in its work. If I may be of any service to you or the Committee, please contact me.

Yours truly,

O. Walker Reagan  
Director of Research

OWR/tmp

cc: Hon. Thom Tillis, Speaker  
Hon. Stephen LaRoque, Co-Chair  
Mr. George Hall  
Mr. Gerry Cohen  
Mr. Mark Trogon  
Ms. Nicole McGuinness  
Ms. Sarah Wolfe

Ms. Sara Kamprath  
Ms. Theresa Matula  
Ms. Patsy Pierce  
Ms. Lisa Wilks  
Ms. Lisa Hollowell  
Ms. Denise Thomas  
Ms. Becky Cook  
Mr. Brian Peck

## Select Committee on Childhood Obesity

### MEMBERSHIP LIST

**Rep. Stephen LaRoque,  
Chair**

P. O. Box 1034  
Kinston, NC 28503  
[Stephen.LaRoque@ncleg.net](mailto:Stephen.LaRoque@ncleg.net)  
Office: (252)523-7700  
Fax:  
Cell: (252) 560-3399

**Rep. Norman Sanderson,  
Chair**

269 Bennett Rd. #4  
Arapahoe, NC 28510  
[Norman.Sanderson@ncleg.net](mailto:Norman.Sanderson@ncleg.net)  
et  
Office: (252) 249-3749  
Fax:  
Cell:

**Rep. Marcus Brandon**

200 Oak St., Apt. 3  
Wright Point, NC 27260  
[Marcus.Brandon@ncleg.net](mailto:Marcus.Brandon@ncleg.net)  
Office: (336) 987-3357  
Fax:  
Cell:

**Rep. Larry Brown**

P.O. Box 85  
Kernersville, NC 27285  
[Larry.Brown@ncleg.net](mailto:Larry.Brown@ncleg.net)  
Office: (336) 972-4256  
Fax:  
Cell:

**Rep. Rayne Brown**

416 Lee Ave.  
Lexington, NC 27295  
[Rayne.Brown@ncleg.net](mailto:Rayne.Brown@ncleg.net)  
Office: (336) 249-2608  
Fax:  
Cell:

**Rep. Verla Insko**

610 Surry Rd.  
Chapel Hill, NC 27514  
[Verla.Insko@ncleg.net](mailto:Verla.Insko@ncleg.net)  
Office:  
Fax:  
Cell:

**Rep. Linda Johnson**

1205 Berkshire Dr  
Kannapolis, NC 28081  
[Linda.Johnson2@ncleg.net](mailto:Linda.Johnson2@ncleg.net)  
Office: (704) 932-1376  
Fax:  
Cell:

**Rep. Chuck McGrady**

P. O. Box 723  
Hendersonville, NC 28793  
[Chuck.McGrady@ncleg.net](mailto:Chuck.McGrady@ncleg.net)  
Office: (828) 692-3696  
Fax:  
Cell:

**Rep. Garland Pierce**

21981 Buie St.  
Wagram, NC 28396  
[Garland.Pierce@ncleg.net](mailto:Garland.Pierce@ncleg.net)  
Office: (910) 369-2844  
Fax:  
Cell:

**Lisa Kennedy, Committee  
Clerk**

Room 635 LOB  
[LaRoquela@ncleg.net](mailto:LaRoquela@ncleg.net)  
Office: (919)715-3017  
Fax: (919) 754-3312  
Cell: (919) 244-0109

**Kathy Voss, Committee  
Clerk**

Room 1008A LB  
[StoneLa@ncleg.net](mailto:StoneLa@ncleg.net)  
Office: (919)715-3026  
Fax:  
Cell:

**Sara Kamprath, Research**

Room 545, LOB  
[sarak@ncleg.net](mailto:sarak@ncleg.net)  
Office: (919) 733-2578

**Patsy Pierce, Research**

Room 545, LOB  
[patsyp@ncleg.net](mailto:patsyp@ncleg.net)  
Office: (919) 733-2578

**Theresa Matula, Research**

Room 545, LOB  
[deea@ncleg.net](mailto:deea@ncleg.net)  
Office: (919) 733-2578

**Lisa Wilks, Bill Drafting**

Room 401  
[lisaw@ncleg.net](mailto:lisaw@ncleg.net)  
Office: (919) 733-6660

**Lisa Hollowell, Fiscal**

Room 619, LOB  
[leed@ncleg.net](mailto:leed@ncleg.net)  
Office: (919) 733-4910

**Denise Thomas, Fiscal**

Room 619, LOB  
[leed@ncleg.net](mailto:leed@ncleg.net)  
Office: (919) 733-4910

**NORTH CAROLINA HOUSE OF REPRESENTATIVES  
COMMITTEE MEETING NOTICE  
AND  
2011-2012 SESSION**

You are hereby notified that the Committee on **House Select Committee on Childhood Obesity** will meet as follows:

**DAY & DATE:** Thursday, November 10, 2011

**TIME:** 9:00 am

**LOCATION:** 643 LOB

**COMMENTS:**

Respectfully,  
Representative LaRoque, Chair  
Representative Sanderson, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **9 AM** o'clock on **October 27, 2011**.

- Principal Clerk
- Reading Clerk – House Chamber

**Lisa Kennedy** (Committee Assistant)



## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

---

### AGENDA

November 10, 2011  
9:00 AM, Room 643, Legislative Office Building

#### WELCOME AND INTRODUCTION

Rep. Stephen LaRoque, Co-Chair  
Rep. Norman Sanderson, Co-Chair

- Committee Authorization/Budget  
Sara Kamprath, Committee Staff
- Enacted Legislation Related to Childhood Obesity (2008-2011)  
Theresa Matula, Committee Staff
- Overview of the Problem of Childhood Obesity in North Carolina  
Dr. Joseph Skelton, MD  
Section of Pediatric Gastroenterology and Nutrition, Department of Pediatrics, Wake Forest University School of Medicine
- Department of Public Instruction Activities  
Healthful Living Essential Standards  
Ellen Essick, Coordinated School Health Consultant  
NC Healthy Schools  
DPI  
  
Healthy Active Children Policy  
State Board of Education Policy Regarding Physical Activity in the Public Schools  
Paula Hudson Hildebrand, Chief Health and Community Relations Officer  
DPI  
  
Fitness Testing Guidelines: Implementation of HB 1757  
Paula Hudson Hildebrand, Chief Health and Community Relations Officer,  
DPI

(over)

- IsPOD (In-School Prevention of Obesity and Disease)  
Judy Martino  
Assistant Executive Director for Grants & Special Programs  
NCAAHPERD
- Physical Activity Initiatives for Early Childhood Programs  
Lori Rhew, MA, PAPHS  
Physical Activity Unit Manager  
Physical Activity and Nutrition Branch  
North Carolina Division of Public Health  
Department of Health and Human Services  
  
Alice Lenihan, MPH, RD, LDN  
Branch Head  
Nutrition Services Branch North Carolina Division of Public Health  
Department of Health and Human Services  
  
Wendi Boggess  
Family Relations Specialist  
First Environments Early Learning Center
- Middle School Sport Policies and Sport Participation  
Dr. Michael Kanters,  
Associate Professor, Department of Parks, Recreation & Tourism  
Management, NCSU

### **Committee Discussion**

Committee Sergeants at Arms

NAME OF COMMITTEE Child Obesity -

DATE: 11-10-2011 Room: 643

House Sgt-At Arms:

1. Name: Fred Hines

2. Name: Doug Harris

3. Name: Young Bae

Name: Garland Shopheard

5. Name: \_\_\_\_\_

Senate Sgt-At Arms:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_



**VISITOR REGISTRATION SHEET**

*Child Obesity*

*RM-643*

*11-10-2011*

Name of Committee

Date

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

**NAME**

**FIRM OR AGENCY AND ADDRESS**

<i>George Suddath</i>	<i>PBV</i>
<i>Joseph Skelton</i>	<i>Wake Forest School of Medicine</i>
<i>Michael Kanters</i>	<i>NC State University</i>
<i>Lori Rhew</i>	<i>NC Division of Public Health- Physical Activity Division</i>
<i>John Devvin</i>	<i>Governor's Office</i>
<i>Betsy Vetter</i>	<i>American Heart Assn</i>
<i>Mary Hall</i>	<i>NC Public Health Foundation / NCAAPHERO</i>
<i>Pat Hansen</i>	<i>NC Partnership for Children</i>
<i>Lynn Harvey</i>	<i>NC DPI, Child Nutrition Svcs.</i>
<i>Marianne Cockroft</i>	<i>UNCG</i>
<i>Alice Lemihana</i>	<i>DPAI - Nutrition Svcs</i>

VISITOR REGISTRATION SHEET

Child Obesity

11-10-2011

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Jani Kozlowski	DCDEE
Burke Gunnells	NCBA
Wendi Boggess	FEELC
Laurie Stradley	NC Center for Health & Wellness
Heather Barnett	Williams Muller
Ken Melton	K.M.A.
Kevin Hanel	NCSU

**VISITOR REGISTRATION SHEET**

*Child Obesity*

*11-10-2011*

Name of Committee

Date

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

**NAME**

**FIRM OR AGENCY AND ADDRESS**

NAME	FIRM OR AGENCY AND ADDRESS
<i>Arnette Cowan</i>	<i>Div. of Public Health</i>
<i>Nick Dean</i>	<i>NCAHPERD</i>
<i>Brandon Beasley</i>	<i>" "</i>
<i>Judy Martino</i>	<i>" "</i>
<i>Tula Hudson Hildebrand</i>	<i>DPI</i>
<i>Ellen Essick</i>	<i>DPI</i>
<i>Les Spell</i>	<i>DPI</i>
<i>Veronica Bryant</i>	<i>DSS</i>
<i>Ann McCon</i>	<i>SBE</i>
<i>GARY GARDNER</i>	<i>BE ACTIVE N.C.</i>
<i>Willona Stallings</i>	<i>NC Council of Churches</i>

## House Select Committee on Childhood Obesity

<b>2011-2013 Committee Budget Estimate</b>		
<b>1) Legislative Members Subsistence</b>		<b>\$9,828.00</b>
\$104.00	<i>Legislative Subsistence</i>	
X      9	<i>Number of Legislative members</i>	
X      1.5	<i>Half of Members using Two Days of Subsistence</i>	
X      7	<i>Number of Meetings</i>	
= <u>\$9,828.00</u>	<b>Total Legislative Members Subsistence</b>	
<b>2) Non-Legislative Members Subsistence</b>		<b>\$0.00</b>
\$116.00 *	<i>Non-Legislative Members Subsistence</i>	
X      0	<i>Number of Non-Legislative Members</i>	
X      1.5	<i>Half of Non-Legislative Members using Two Days Subsistence</i>	
X      0	<i>Number of Meetings</i>	
= <u>\$0.00</u>	<b>Total Non-Legislative Members Subsistence</b>	
* \$101.05 Daily Per Diem Rate Plus \$15 Committee Per Diem Rate (GS138-5)		
<b>3) Travel Expenses</b>		<b>\$4,410.00</b>
<b>a) Legislative Members</b>		
\$70.00	<i>Round Trip Reimbursement (Based on 242 miles @ \$0.29 per mile*)</i>	
X      9	<i>Number of Legislative Members</i>	
X      7	<i>Number of Meetings</i>	
= <u>\$4,410.00</u>	<b>Total Travel for Legislative Members</b>	
<b>b) Non-Legislative Member</b>		
\$73.00	<i>Round Trip Reimbursement (Based on 242 miles @ \$0.30 per mile*)</i>	
X      0	<i>Number of Non-Legislative Members</i>	
X      0	<i>Number of Meetings</i>	
= <u>\$0.00</u>	<b>Total Travel for Non-Legislative Members</b>	
* 242 Miles is an Average per Member based on the Total Certified Round Trip Mileage		
<b>4) Clerical Staff</b>		<b>\$5,726.00</b>
\$818.00 *	<i>Average Salary with Benefits for 5 day work week</i>	
X      7	<i>Number of Meetings</i>	
= <u>\$5,726.00</u>	<b>Total Clerical Staff</b>	
* Average Weekly Wages for LA, CAI, CAII & CAIII with Fringes Added.		
<b>5) Professional Staff</b>		<b>\$0.00</b>
<b>6) Special Travel and Expenses</b>		<b>\$0.00</b>
<b>7) Postage and Telephone Expenses</b>		<b>\$0.00</b>
<b>8) Supplies</b>		<b>\$0.00</b>
<b>9) Coping and Printing</b>		<b>\$0.00</b>
<b>10) Reserve</b>		<b>\$0.00</b>
<b>Total</b>		<b>\$19,964.00</b>

# Enacted Legislation Related to Childhood Obesity

2008-2011

## Studies

### Task Force on Preventing Childhood Obesity

- Authority:** S.L. 2008-34 (HB 2437), Section 5(cc) and S.L. 2008-107 (HB 2436), Section 10.17(cc)
- Reporting Requirement:** Strategic plan and recommendations by January 15, 2009, or upon the convening of the 2009 Session of the General Assembly, whichever occurs first.
- Specific Language:** S.L. 2008-107, Section 10.17(cc)  
(Excerpt Below)

**SECTION 10.17.(cc)** The sum of one hundred thousand dollars (\$100,000) appropriated in this section in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, for the 2008-2009 fiscal year shall be used to establish a Task Force on Preventing Childhood Obesity (Task Force) to be cochaired by the State Health Director and the Chairman of the State Board of Education. The Task Force is to review current State activities in the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund and develop a comprehensive statewide strategic plan with recommendations for preventing childhood obesity. The goals of the strategic plan shall encompass the following framework of initiatives:

- (1) Providing healthier foods to students;
- (2) Improving the availability of healthy foods at home and in the community;
- (3) Increasing the frequency, intensity, and duration of physical activity in schools;
- (4) Encouraging communities to establish a master plan for pedestrian and bicycle pathways;
- (5) Improving access to safe places where children can play; and
- (6) Developing activities or programs that limit children's screen time, including limits on video games and television.

Membership on the task force shall include, but is not limited to, representatives from the following organizations:

- (1) Health and Wellness Trust Fund.
- (2) North Carolina Institute for Public Health.
- (3) UNC Active Living by Design.
- (4) Blue Cross Blue Shield of North Carolina.
- (5) NC Hospital Association.
- (6) NC Parent Teacher Association.
- (7) American Heart Association.
- (8) School Nutrition Association of North Carolina.

The Chairman of the State Board of Education and the State Health Director shall report to the House of Representatives Chairs of the Appropriations Subcommittees on Health and Human Services and Education, the Senate Chairs of the Appropriations Committees

on Health and Human Services and Education/Public Instruction, the Joint Legislative Oversight Committee on Education, the Joint Legislative Oversight Committee on Health, and the Fiscal Research Division on the Task Force on Preventing Childhood Obesity's strategic plan and recommendations by January 15, 2009, or upon the convening of the 2009 Session of the General Assembly, whichever occurs first.

## **Legislative Task Force on Childhood Obesity**

**Authority:** S.L. 2009-574 (HB 945), Part XLIX

**Reporting Requirement:** Submit a final report of the results of its study and its recommendations to the

2010 Regular Session of the 2009 General Assembly.

**Specific Language:** S.L. 2009-574 (HB 945), Part XLIX

(Excerpt Below)

**SECTION 49.1.** There is created the Legislative Task Force on Childhood Obesity.

**SECTION 49.2.** The Task Force shall consist of 12 members as follows:

- (1) Six members of the House of Representatives.
- (2) Six members of the Senate.

**SECTION 49.3.** The Speaker of the House of Representatives shall designate one Representative as cochair, and the President Pro Tempore of the Senate shall designate one Senator as cochair. Vacancies on the Task Force shall be filled by the same appointing authority that made the initial appointment. A quorum of the Task Force shall be a majority of its members.

**SECTION 49.4.** The Task Force shall include, but should not be limited to, study of issues relating to childhood obesity. In the course of the study, the Task Force shall consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through:

- (1) Early childhood intervention;
- (2) Childcare facilities;
- (3) Before and after-school programs;
- (4) Physical education and physical activity in schools;
- (5) Higher nutrition standards in schools;
- (6) Comprehensive nutrition education in schools;
- (7) Increased access to recreational activities for children;
- (8) Community initiatives and public awareness; and
- (9) Other means.

**SECTION 49.5.** The Task Force shall encourage input from public nonprofit organizations, promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**SECTION 49.6.** Members of the Task Force shall receive per diem, subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as appropriate. The Task Force, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Task Force may meet at anytime upon the joint call of the cochairs. The Task Force may meet in the Legislative Building or the Legislative Office Building.

With approval of the Legislative Services Commission, the Legislative Services Officer shall assign professional staff to assist the Task Force in its work. The House of Representatives' and the Senate's Directors of Legislative Assistants shall assign clerical staff to the Task Force, and the expenses relating to the clerical employees shall

be borne by the Task Force. The Task Force may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02. If the Task Force hires a consultant, the consultant shall not be a State employee or a person currently under contract with the State to provide services.

All State departments and agencies and local governments and their subdivisions shall furnish the Task Force with any information in their possession or available to them.

**SECTION 49.7.** The Task Force shall submit a final report of the results of its study and its recommendations to the 2010 Regular Session of the 2009 General Assembly. The Task Force shall terminate on May 1, 2010, or upon the filing of its final report, whichever occurs first.

### **Joint Legislative Program Evaluation Oversight Committee to Direct Program Evaluation Division to Study Indirect Costs Under Child Nutrition Programs**

**Authority:** S.L. 2010-115 (SB 1152) (*Legislative Task Force Recommendation 7*)  
**Reporting Requirement:** Submit findings and recommendations on the operation of the Child Nutrition Program to the Joint Legislative Program Evaluation Oversight Committee, the Joint Legislative Commission on Governmental Operations, the Legislative Task Force on Childhood Obesity, and the Fiscal Research Division at a date to be determined by the Joint Legislative Program Evaluation Oversight Committee.

**Specific Language:** S.L. 2010-115 (SB 1152)  
(Excerpt Below)

**SECTION 1.(a)** The Joint Legislative Program Evaluation Oversight Committee shall include in the 2010 Work Plan for the Program Evaluation Division of the General Assembly a study of the operation of the Child Nutrition Program. The Division shall examine (i) the guidelines for assessing direct and indirect operating costs to local child nutrition programs in local school administrative units, including rent, costs assessed on a square footage basis, maintenance, utilities, and any other costs charged or allocated to food services; (ii) discrepancies in how local school administrative units calculate and report indirect costs for child nutrition programs, the impact of these discrepancies on child nutrition programs, and whether local school administrative units are charging these indirect costs to incorrect budget items; (iii) federal guidelines on minimum fund balances for child nutrition programs and whether all local child nutrition programs in local school administrative units are in compliance with these guidelines; (iv) practices in other states regarding the operation of child nutrition programs, including procedures for assessment of indirect costs and guidelines for fund balances; (v) funding requirements necessary for elementary, middle, and high schools to implement the nutrition standards implemented by S.L. 2005-457, as amended by Section 7.36A of S.L. 2007-323 and Section 7.25 of S.L. 2008-107; and (vi) any other issues the Division deems relevant to this study.

**SECTION 1.(b)** The Program Evaluation Division shall submit its findings and recommendations to the Joint Legislative Program Evaluation Oversight Committee, the Joint Legislative Commission on Governmental Operations, the Legislative Task Force on Childhood Obesity, and the Fiscal Research Division at a date to be determined by the Joint Legislative Program Evaluation Oversight Committee.

**SECTION 2.** This act is effective when it becomes law.

## **Reestablish Legislative Task Force on Childhood Obesity**

**Authority:** S.L. 2010-152 (SB 900), Part XXVI

**Reporting Requirement:** May make a report of the results of its study and recommendations to the 2011 General Assembly and shall submit a report to the 2012 Regular Session of the 2011 General Assembly.

**Specific Language:** S.L. 2010-152 (SB 900), Part XXVI  
(Excerpt Below)

### **PART XXVI. REESTABLISH LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY (S.B. 1153 – Purcell; H.B. 1827 – Yongue, Brown, Hughes, Insko)**

**SECTION 26.** Part XLIX of S.L. 2009-574 reads as rewritten:

#### **"PART XLIX. LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY (Yongue)**

**"SECTION 49.1.** There is created the Legislative Task Force on Childhood Obesity.

**"SECTION 49.2.** The Task Force shall consist of 12 members as follows:

- (1) Six members of the House of Representatives.
- (2) Six members of the Senate.

**"SECTION 49.3.** The Speaker of the House of Representatives shall designate one Representative as cochair, and the President Pro Tempore of the Senate shall designate one Senator as cochair. Terms of the initial members begin on appointment and continue until the convening of the 2011 Session of the General Assembly. Subsequent appointments begin during the 2011 Session of the General Assembly and continue until the Task Force terminates. Vacancies on the Task Force shall be filled by the same appointing authority that made the initial appointment. A quorum of the Task Force shall be a majority of its members.

**"SECTION 49.4.** The Task Force shall include, but should not be limited to, study of issues relating to childhood obesity. In the course of the study, the Task Force shall consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through:

- (1) Early childhood intervention;
- (2) Childcare facilities;
- (3) Before and after-school programs;
- (4) Physical education and physical activity in schools;
- (5) Higher nutrition standards in schools;
- (6) Comprehensive nutrition education in schools;
- (7) Increased access to recreational activities for children;
- (8) Community initiatives and public awareness; and
- (9) Other means.

**"SECTION 49.5.** The Task Force shall encourage input from public nonprofit organizations, promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**"SECTION 49.6.** Members of the Task Force shall receive per diem, subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as appropriate. The Task Force, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Task Force may meet at anytime upon the joint call of the cochairs. The Task Force may meet in the Legislative Building or the Legislative Office Building.

With approval of the Legislative Services Commission, the Legislative Services Officer shall assign professional staff to assist the Task Force in its work. The House of Representatives' and the Senate's Directors of Legislative Assistants shall assign clerical

staff to the Task Force, and the expenses relating to the clerical employees shall be borne by the Task Force. The Task Force may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02. If the Task Force hires a consultant, the consultant shall not be a State employee or a person currently under contract with the State to provide services.

All State departments and agencies and local governments and their subdivisions shall furnish the Task Force with any information in their possession or available to them.

**"SECTION 49.7.** The Task Force shall submit a final report of the results of its study and its recommendations to the 2010 Regular Session of the 2009 General Assembly. The Task Force may make a report of the results of its study and recommendations to the 2011 General Assembly and shall submit a report to the 2012 Regular Session of the 2011 General Assembly. The Task Force shall terminate on May 1, 2010, or upon the filing of its final report, whichever occurs first, upon the convening of the 2012 Regular Session of the 2011 General Assembly."

## Other Recent Childhood Obesity Related Legislation

### Improve Childcare Nutrition Activity Standards

**Authority:** S.L. 2010-117 (HB 1726) (*Legislative Task Force Recommendation 3*)  
**Reporting Requirement:** Not later than September 1, 2011, the Division must report its findings and recommendations for increasing physical activity levels in child care facilities, with a goal of reaching model guidelines, to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

Not later than December 1, 2010, the Division of Public Health must report its findings and recommendations for improving nutrition standards in child care facilities to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

**Specific Language:** S.L. 2010-117 (HB 1726)  
(Excerpt Below)

**SECTION 1.** G.S. 110-91(2) reads as rewritten:

"(2) Health-Related Activities. – The Commission shall adopt rules for child care facilities to ensure that all children receive nutritious food and beverages according to their developmental needs. ~~After consultation with the State Health Director,~~ The Commission shall consult with the Division of Child Development of the Department of Health and Human Services to develop nutrition standards shall to provide for requirements appropriate for children of different ages. In developing nutrition standards, the Commission shall consider the following recommendations:

- a. Limiting or prohibiting the serving of sweetened beverages, other than 100% fruit juice, to children of any age.
- b. Limiting or prohibiting the serving of whole milk to children two years of age or older or flavored milk to children of any age.
- c. Limiting or prohibiting the serving of more than six ounces of juice per day to children of any age.
- d. Limiting or prohibiting the serving of juice from a bottle.

- e. Creating an exception from the rules for parents of children who have medical needs, special diets, or food allergies.
- f. Creating an exception from the rules to allow a parent or guardian, or to allow the center upon the request of a parent or guardian, to provide to a child food and beverages that may not meet the nutrition standards.

Each child care facility shall have a rest period for each child in care after lunch or at some other appropriate time and arrange for each child in care to be out-of-doors each day if weather conditions permit."

**SECTION 2.** The Department of Health and Human Services, Division of Child Development, shall examine the current levels of physical activity children receive in child care facilities and review model physical activity guidelines. Not later than September 1, 2011, the Division shall report its findings and recommendations for increasing physical activity levels in child care facilities, with a goal of reaching model guidelines, to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 3.** The Department of Health and Human Services, Division of Public Health, in conjunction with the Division of Child Development, nutritionists, pediatricians, and child care providers, shall examine the current nutrition standards for children in child care facilities. This examination shall be conducted in consideration of any potential changes in the federal guidelines related to the Child and Adult Care Food Program. Not later than December 1, 2010, the Division of Public Health shall report its findings and recommendations for improving nutrition standards in child care facilities to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 4.** This act is effective when it becomes law.

## **Explore Feasibility of Requiring CCNC Providers to Implement BMI Screening for Children at Risk of Becoming Obese**

**Authority:** S.L. 2010-152 (SB 900), Part XVII (*Legislative Task Force Recommendation 11*)

**Reporting Requirement:** If the study is undertaken, not later than September 1, 2011, the Department shall report its findings and recommendations to the Legislative Task Force on Childhood Obesity, if reestablished for the 2011-2012 Session, to the Public Health Commission, and to the Fiscal Research Division.

**Specific Language:** S.L. 2010-152 (SB 900), Part XVII

(Excerpt Below)

### **PART XVII. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE, TO STUDY THE FEASIBILITY OF REQUIRING PROVIDERS ENROLLED IN COMMUNITY CARE OF NORTH CAROLINA TO IMPLEMENT BODY MASS INDEX SCREENING FOR CHILDREN AT RISK OF BECOMING OBESE AND WHO ARE RECEIVING MEDICAID OR PARTICIPATING IN NORTH CAROLINA HEALTH CHOICE FOR CHILDREN PROGRAM (S.B. 1286 – Purcell; H.B. 1904 – England, Hughes, Weiss, Yongue)**

**SECTION 17.1.** The Department of Health and Human Services, Division of Medical Assistance, may explore the feasibility of requiring Community Care of North Carolina (CCNC) to implement body mass index (BMI) screening for children at risk of becoming obese and developing diabetes or other chronic diseases, who are receiving Medicaid or participating in the North Carolina Health Choice for Children Program.

**SECTION 17.2.** As part of its exploration into the feasibility of requiring BMI screening pursuant to Section 17.1, the Department shall work toward the development of each of the following items:

- (1) Establishing performance goals within each CCNC network that includes each of the following components:
  - a. Care management for children who are at risk of becoming obese and developing diabetes or other chronic diseases.
  - b. Annual BMI screening to identify the percentage of children who have a BMI test and the percentage of children who have a decrease in BMI levels.
- (2) Developing a uniform protocol across the CCNC network to ensure the integrity and confidentiality of information collected through BMI screening.
- (3) Implementing reliable methods of collecting data utilizing fitness assessment and reporting programs for youth that include health-related physical fitness tests to assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition.

**SECTION 17.3.** If the study is undertaken, not later than September 1, 2011, the Department shall report its findings and recommendations to the Legislative Task Force on Childhood Obesity, if reestablished for the 2011-2012 Session, to the Public Health Commission, and to the Fiscal Research Division.

### **Supplemental Nutrition Assistance Program**

**Authority:** S.L. 2010-160 (SB 1151) (*Legislative Task Force Recommendation 1*)  
**Reporting Requirement:** Not later than September 1, 2011, the Department of Health and Human Services must report findings and recommendations on:  
an expanded definition and use of in-kind resources in order to draw down additional federal funds to expand the SNAP-Ed Program in North Carolina;  
a three-year plan to expand and enhance the SNAP-Ed Program, and  
a determination as to the feasibility of placing the responsibility for the SNAP-Ed Program at North Carolina State University or North Carolina A&T State University, or both,  
to the Legislative Task Force on Childhood Obesity if reestablished for the 2011-2012 Session, to the Public Health Study Commission, and to the Fiscal Research Division.

Beginning in October 2010, the Department shall solicit proposals from across the State for the development and implementation by April 2011 of new local and State programs that emphasize social marketing techniques to educate consumers about nutrition, physical activity, and obesity prevention.

**Specific Language:** S.L. 2010-160 (SB 1151)  
(Excerpt Below)

**SECTION 1.** The Department of Health and Human Services, Division of Social Services, shall examine and recommend ways to expand and enhance Supplemental Nutrition Assistance Program Education (SNAP-Ed Program) in this State. The recommendations shall include all of the following:

- (1) An expanded definition and use of in-kind resources in order to draw down additional federal funds to expand the SNAP-Ed Program in North Carolina.
- (2) A three-year plan to expand and enhance the SNAP-Ed Program.

- (3) A determination as to the feasibility of placing the responsibility for the SNAP-Ed Program at North Carolina State University or North Carolina A&T State University, or both.

Not later than September 1, 2011, the Department shall report its findings and recommendations on the directives outlined in subdivisions (1) through (3) of this section to the Legislative Task Force on Childhood Obesity if reestablished for the 2011-2012 Session, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 2.** Beginning in October 2010, the Department shall solicit proposals from across the State for the development and implementation by April 2011 of new local and State programs that emphasize social marketing techniques to educate consumers about nutrition, physical activity, and obesity prevention.

**SECTION 3.** This act is effective when it becomes law.

### **Fitness Testing in Schools**

**Authority:** S.L. 2010-161 (HB 1757) (*Legislative Task Force Recommendation 10*)  
**Reporting Requirement:** Implementation of the guidelines developed for evidence-based fitness testing must begin with the 2011-2012 school year.  
**Specific Language:** S.L. 2010-161 (HB 1757)  
(Excerpt Below)

**SECTION 1.** G.S. 115C-12 is amended by adding a new subdivision to read:  
**"§ 115C-12. Powers and duties of the Board generally.**

The general supervision and administration of the free public school system shall be vested in the State Board of Education. The State Board of Education shall establish policy for the system of free public schools, subject to laws enacted by the General Assembly. The powers and duties of the State Board of Education are defined as follows:

...  
(37) To Adopt Guidelines for Fitness Testing. – The State Board of Education shall adopt guidelines for the development and implementation of evidence-based fitness testing for students statewide in grades kindergarten through eight."

**SECTION 2.** This act is effective when it becomes law. Implementation of the guidelines developed as required in Section 1 of this act shall begin with the 2011-2012 school year.

### **Eliminate Cost/Reduced-Price School Breakfast**

**Authority:** S.L. 2011-342 (SB 415) (*Similar to Legislative Task Force Recommendation 5 for Reduced Price Meals*)  
**Reporting Requirement:** The State Auditor shall audit the Division of School Support, Child Nutrition Services of the Department of Public Instruction by December 15, 2011, and report to the Joint Legislative Education Oversight Committee and the Joint Legislative Commission on Governmental Operations. In its report, the State Auditor shall determine whether the local school administrative units' participation in the federally supported food service programs effectively serve the intent of the General Assembly and comply with federal and State law and regulations.  
**Specific Language:** S.L. 2011-342 (SB 415)  
(Excerpt Below)

**SECTION 1.** Notwithstanding Section 8.26 of S.L. 1999-237, funds appropriated for the school breakfast program shall be used to provide school breakfasts

at no cost to students of all grade levels qualifying for reduced-price meals in all schools participating in the National School Breakfast Program. If appropriated funds are insufficient to provide school breakfasts at no cost to students qualifying for reduced-price meals, local child nutrition programs shall charge the students qualifying for reduced-price meals the allowable amount for a reduced-price breakfast under the guidelines of the National School Breakfast Program.

**SECTION 2.** The State Board of Education shall report by November 15, 2011, to the Joint Legislative Education Oversight Committee and the Joint Legislative Commission on Governmental Operations on an overview of the federally supported food service programs. The report shall include the procedure for participation in the programs, including the numbers of students who apply, are accepted, and are rejected for free and reduced-price meals as a part of the programs or automatically qualify for the programs as required by the United States Department of Agriculture.

**SECTION 3.** The State Auditor shall audit the Division of School Support, Child Nutrition Services of the Department of Public Instruction by December 15, 2011, and report to the Joint Legislative Education Oversight Committee and the Joint Legislative Commission on Governmental Operations. In its report, the State Auditor shall determine whether the local school administrative units' participation in the federally supported food service programs effectively serve the intent of the General Assembly and comply with federal and State law and regulations.



Public Schools of North Carolina  
State Board of Education  
Department of Public Instruction

---

# **Report to the Joint Legislative Education Oversight Committee**

---

## *Maternal and Child Health Block Grant*

### ***Task Force on Preventing Childhood Obesity***

*HB 2436, sec. 10.17(cc)  
Modify Appropriations Act of 2007*

*HB 2437 (SL 2008-0034), sec.5 (cc)  
Continuing Appropriations*

---

**Date Due: January 15, 2009**

**Report # 43**

**DPI Chronological Schedule, 2008-2009**

## STATE BOARD OF EDUCATION

The guiding mission of the North Carolina State Board of Education is that every public school student will graduate from high school, globally competitive for work and postsecondary education and prepared for life in the 21st Century.

**HOWARD N. LEE**  
Chairman :: Chapel Hill

**WAYNE MCDEVITT**  
Vice Chair :: Asheville

**BEVERLY PERDUE**  
Lieutenant Governor :: New Bern

**RICHARD MOORE**  
State Treasurer :: Kittrell

**KATHY A. TAFT**  
Greenville

**KEVIN D. HOWELL**  
Raleigh

**SHIRLEY E. HARRIS**  
Troy

**EULADA P. WATT**  
Charlotte

**ROBERT "TOM" SPEED**  
Boone

**MELISSA E. BARTLETT**  
Statesville

**JOHN A. TATE III**  
Charlotte

**PATRICIA N. WILLOUGHBY**  
Raleigh

## NC DEPARTMENT OF PUBLIC INSTRUCTION

**June St. Clair Atkinson, Ed.D., State Superintendent**  
301 N. Wilmington Street :: Raleigh, North Carolina 27601-2825

In compliance with federal law, NC Public Schools administers all state-operated educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

**Inquiries or complaints regarding discrimination issues should be directed to:**

Dr. Rebecca Garland, Associate State Superintendent/Chief Academic Officer :: Academic Services and Instructional Support  
6368 Mail Service Center, Raleigh, NC 27699-6368 :: Telephone: (919) 807-3200 :: Fax: (919) 807-4065

Visit us on the Web :: [www.ncpublicschools.org](http://www.ncpublicschools.org)

---

# **Report from the North Carolina Task Force on Preventing Childhood Obesity**

**Reversing the Rising Trend by 2015**

**January 15, 2009**

## Table of Contents

Members of the North Carolina Task Force on Preventing Childhood Obesity.....	3
Charge to the North Carolina Task Force on Preventing Childhood Obesity.....	4
Current North Carolina Initiatives in the Prevention of Childhood Obesity.....	5
Summary of Overarching Messages from the Task Force.....	6
Summary of Recommendations.....	7
Table 1. Summary of Recommendations by Category of Initiative.....	8
Table 2. Priority Recommendations.....	11
Table 3. "No New Cost" Recommendations.....	12
Detailed Recommendations	
Overarching Recommendations.....	13
Category #1: Healthier Food to Students.....	19
Category #2: Healthy Foods at Home and in the Community.....	27
Category #3: Physical Activity in Schools.....	30
Category #4: Master Plan for Pedestrian and Bicycle Pathways.....	32
Category #5: Safe Places Where Children Can Play.....	35
Category #6: Limit Children's Screen Time.....	38
Appendix A: Task Force Process and Meeting Agendas.....	39
Appendix B: North Carolina's Obesity Data Summary and References.....	45

## **Members of North Carolina Task Force on Preventing Childhood Obesity**

### **Co-Chairs:**

Leah Devlin, DDS, MPH  
State Health Director  
N.C. Division of Public Health  
N.C. Department of Health and Human Services

Howard Lee, MSW  
Chairman  
N.C. State Board of Education

### **Task Force Members:**

Frank Amend, PE  
Chair  
N.C. American Heart Association  
Advocacy Coordinating Committee  
American Heart Association

Robert Seligson, MBA, MA  
Executive Vice President, CEO  
N.C. Medical Society

Edward Baker, MD, MPH, MSc  
Director  
N.C. Institute for Public Health

Vandana Shah, JD, L.L.M.  
Executive Director  
N.C. Health and Wellness Trust Fund

Robert Blackburn, Ed.D.  
President  
Association of N.C. Boards of Health

Sarah Strunk, MHA  
Director  
Active Living by Design  
UNC Gillings School of Public Health

Robert Greczyn  
President & CEO  
Blue Cross Blue Shield of N.C.

### **Staff to the Task Force from the N.C. Division of Public Health, N.C. Department of Health and Human Services:**

Debra Horton  
President  
N.C. Parent Teacher Association

Steve Cline, DDS, MPH  
N.C. Deputy State Health Director

Betsy LaForge, MPH  
Director, Member Health Partnerships  
Blue Cross Blue Shield of N.C.

Marcus Plescia, MD, MPH  
Section Chief  
Chronic Disease and Injury Section

Beth Lovett, RN, MPH  
Health Director, Wilkes County Health  
Department  
N.C. Health Director's Association

Ruth Petersen, MD, MPH  
Senior Public Health Advisor

Beth Palien, SNS  
President  
School Nutrition Association of N.C.

### **Staff to the Task Force from the N.C. Department of Public Instruction:**

William Pully  
President  
N.C. Hospital Association

June St. Clair Atkinson, Ed.D.  
State Superintendent  
N.C. Department of Public Instruction

Pam Seamans, MPP  
Executive Director  
N.C. Alliance for Health

Rebecca Garland, Ed.D.  
Assistant State Superintendent/Chief  
Academic Officer  
N.C. Department of Public Instruction

Paula Hudson Collins, MHDL, R.H.Ed.  
Senior Policy Advisor  
Healthy Responsible Students  
N.C. State Board of Education

## **Charge to the North Carolina Task Force on Preventing Childhood Obesity**

**SECTION 10.17.(cc)** The sum of one hundred thousand dollars (\$100,000) appropriated in this section in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, for the 2008-2009 fiscal year shall be used to establish a Task Force on Preventing Childhood Obesity (Task Force) to be co-chaired by the State Health Director and the Chairman of the State Board of Education. The Task Force is to review current state-level activities in the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund and develop a comprehensive statewide strategic plan with recommendations for preventing childhood obesity. The goals of the strategic plan shall encompass the following framework of initiatives:

- (1) Providing healthier foods to students;
- (2) Improving the availability of healthy foods at home and in the community;
- (3) Increasing the frequency, intensity, and duration of physical activity in schools;
- (4) Encouraging communities to establish a master plan for pedestrian and bicycle pathways;
- (5) Improving access to safe places where children can play; and
- (6) Developing activities or programs that limit children's screen time, including limits on video games and television.

Membership on the task force shall include, but is not limited to, representatives from the following organizations:

- (1) Health and Wellness Trust Fund
- (2) North Carolina Institute for Public Health
- (3) UNC Active Living by Design
- (4) Blue Cross Blue Shield of North Carolina
- (5) N.C. Hospital Association
- (6) N.C. Parent Teacher Association
- (7) American Heart Association
- (8) School Nutrition Association of North Carolina

The Chairman of the State Board of Education and the State Health Director shall report to the House of Representatives Chairs of the Appropriations Subcommittees on Health and Human Services and Education, the Senate Chairs of the Appropriations Committees on Health and Human Services and Education/Public Instruction, the Joint Legislative Oversight Committee on Education, the Joint Legislative Oversight Committee on Health, and the Fiscal Research Division on the Task Force on Preventing Childhood Obesity's strategic plan and recommendations by January 15, 2009, or upon the convening of the 2009 Session of the General Assembly, whichever occurs first.

## Current North Carolina Initiatives in the Prevention of Childhood Obesity

The North Carolina Task Force on Preventing Childhood Obesity was charged with reviewing current state-level activities in the N.C. Department of Health and Human Services, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund that address the prevention of childhood obesity. The table below summarizes this information.

Obesity Prevention Activities by the N.C. Division of Public Health, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund		
<b>N.C. Division of Public Health</b>	<ul style="list-style-type: none"> <li>• NAP-SACC (preschool) (Nutrition and Physical Activity Self-Assessment for Child Care)</li> <li>• Color Me Healthy (preschool)</li> <li>• Students Eating Smart and Moving More</li> <li>• School Health Nutritionists Network</li> <li>• Families Eating Smart, Moving More</li> <li>• Move More School Standards</li> <li>• Sybershop</li> <li>• Eat Smart, Move More, Weigh Less</li> <li>• Food For Thought</li> <li>• Fast Food and Families</li> </ul>	<ul style="list-style-type: none"> <li>• ACEs Guide</li> <li>• Walk to School Guide</li> <li>• Childhood Obesity Prevention Demonstration Projects</li> <li>• Faithful Families</li> <li>• Move More Scholars Institute</li> <li>• Worksites Eating Smart and Moving More</li> <li>• BRFSS (Behavioral Risk Factor Surveillance System)</li> <li>• CHAMP (Child Risk Assessment and Monitoring Program)</li> <li>• Energizers</li> <li>• Eat Smart Move More County Profiles</li> </ul>
<b>N.C. Department of Public Instruction</b>	<ul style="list-style-type: none"> <li>• School Meals Initiative Team (SMI)</li> <li>• Local Wellness Policies</li> <li>• SBE Elementary Nutrition Standards</li> <li>• SBE Draft Middle School Nutrition Standards</li> <li>• SBE required Nutrient Analysis</li> <li>• SMI and 504 Plans</li> <li>• SBE Competitive Foods and Vending Policy</li> <li>• USDA Fresh Fruits and Vegetables Program</li> <li>• SMI Team Training, Assistance, and Monitoring for LEAs</li> <li>• Healthy Active Children Policy (HAC)</li> <li>• Healthy Active Children Policy Annual Reports</li> <li>• Move More School Standards</li> <li>• Food For Thought</li> <li>• Southern Collaborative on Obesity Reduction Efforts Grant</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Risk Behavior Surveillance Survey (YRBSS)</li> <li>• Profiles Surveys for Principals and Teachers</li> <li>• Elementary School Energizers</li> <li>• Middle School Energizers</li> <li>• Kate B. Reynolds Charitable Trust Grant for Physical Education Equipment and Training</li> <li>• SPARK statewide training via NCAA/HPERD/IsPOD Partnership</li> <li>• Walk/Bike to School Events</li> <li>• School Architects Design Open Activity Spaces</li> <li>• Joint Facility Use Policies for Communities</li> <li>• 21<sup>st</sup> Century Learning Centers and Intramurals</li> <li>• Activity During and After School Day</li> <li>• LimitTV Program / Materials</li> </ul>
<b>N.C. Health and Wellness Trust Fund</b>	<ul style="list-style-type: none"> <li>• Study Committee on Childhood Obesity</li> <li>• Childhood Obesity Grants</li> <li>• Fit Community Grants</li> <li>• A+ Fit School Grants</li> <li>• Fit Together Media Campaign</li> </ul>	<ul style="list-style-type: none"> <li>• HWTF Fit Kids Teacher Trainings</li> <li>• Fit Community Designation Program</li> <li>• Fit Community Outreach and web resources</li> <li>• Fit Kids Initiative</li> <li>• N4Kids-Clinical Obesity Initiative</li> </ul>

In addition to the three key entities noted in the chart above, the other agencies represented on the Task Force all play a role in the prevention of childhood obesity. Many more are partners in a state-wide movement of *Eat Smart, Move More NC*. This group, consisting of over 60 agency-level partners, has developed the *Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases*. This plan, often referred to as the N.C. Obesity Plan, was written by professionals from across the state with the common goal of obesity prevention and a set of overarching goals to be implemented between 2007 and 2012. This plan is designed to help organizations and individuals implement strategies to address overweight and obesity in their communities and begin to create policies, media, and environments supportive of healthy eating and physical activity. Across the state, communities, preschools, schools, families, faith communities, worksites and health care have come together to implement evidence-based obesity prevention strategies.

## Summary of Overarching Messages from the North Carolina Task Force on Preventing Childhood Obesity

Four main messages emerged from the Task Force:

1. **A strong call to action from the Legislative Branch and Governor** is needed for effective intervention to reverse the rising trend in childhood obesity by 2015. Steps should include immediate action, resource allocation, collaboration among key stakeholders, and evaluation of efforts.

Supporting data:

- This may be the first generation of children and youth in history to have a shorter life expectancy than their parents due to obesity-related health problems.<sup>1</sup>

2. **Now is the time for action** for addressing childhood obesity. North Carolina is losing the battle not only in the health status of its children, but in the health care costs clearly associated with overweight status and obesity.

Supporting data:

- In 2007, N.C. had the fifth highest national rate of obese children.
- In 2003, the cost of obesity in N.C. youth was nearly \$16 million per year.<sup>2</sup>
- In 2004, overweight N.C. adolescents had Medicaid expenditures that were 33 percent higher than those for healthy-weight adolescents, and the obese group had expenditures that were 25 percent higher.<sup>3</sup>
- A significantly higher percentage of obese adolescents had a claim for diabetes, asthma, or other respiratory conditions than the healthy-weight group.<sup>4</sup>

3. **The state must prioritize the funding needed to reverse the obesity trend** in its children or the state will pay over the long term for health care costs, lost productivity, lost academic achievement, and decreased mental health among these children. The Task Force recognizes the magnitude of the financial request represented in this strategic plan given the current economic climate. The Task Force hopes the costs of this plan might be supported through collaboration with the N.C. General Assembly, state foundations and federal sources. However, the Task Force requests that the resources of the N.C. Health and Wellness Trust Fund be protected and not used to support these new recommendations.

Supporting data:

- In 2007, a total of 64.6 percent of N.C. adults were overweight or obese, and N.C. had the fifth highest national rate of obese children.<sup>5,6</sup>
- Among N.C. children, 16 percent are overweight, and another 16 percent are obese.<sup>7</sup>
- Among children and youth, obesity is associated with an increased risk of high cholesterol, liver abnormalities, diabetes, and becoming an overweight adult.<sup>8</sup>

1. **Measurement of progress in preventing childhood obesity is critical** if North Carolina is to identify where efforts have been the most successful and where more efforts are needed. Determining the most appropriate ways to measure progress will require collaboration among the service delivery community, public health, public instruction, the university and research communities, state foundations, policy makers, and other agencies addressing childhood obesity. Funding for evaluation will need to be incorporated into all childhood obesity efforts.

## Summary of Recommendations from North Carolina Task Force on Preventing Childhood Obesity

Table 1. Based on a legislative directive, the Task Force developed the recommendations using the framework of the six initiatives. All of the 22 recommendations are included in Table 1. While there are specific recommendations that direct a strategic plan under each of the initial six initiatives, the Task Force also reports on five recommendations that reached across multiple initiatives or categories of the prevention strategy. The overarching, or umbrella, recommendations are presented first; subsequently, recommendations that specifically relate to the six initiatives are presented under category headings. Task Force members prioritized five recommendations as “Immediate Priorities.” These are noted in Table 1 with a ★.

Table 2. The five “Immediate Priorities” are repeated separately in Table 2 to emphasize the priority recommendations.

Table 3. A grouping of “No New Cost” recommendations is repeated separately in Table 3. This group may include statutory change or partnership activities that could be given unique consideration since there are no new costs associated with them.

**Table 1. Summary of Recommendations by Category of Initiative**  
 (Not listed in priority order, but "Immediate Priorities" are noted with a ★)

# (not ranked)	Recommendation	Cost
<b>Overarching Recommendations:</b>		
1 ★	<p>The N.C. Division of Public Health along with its partners should expand obesity prevention efforts in local communities including:</p> <ul style="list-style-type: none"> <li>A. the establishment of one FTE in each local health department to coordinate obesity prevention across the community (\$5 million recurring to DPH); and</li> <li>B. full implementation of the <i>Eat Smart, Move More: NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases</i> in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state (\$5.5 million recurring for six years to DPH for Demonstration projects).</li> </ul> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$10.5 million annually
2	<p>The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should raise public awareness and implement a statewide social marketing campaign to promote healthy physical activity and nutrition behaviors and environments in schools, homes and the community. Campaign messages to guide state efforts against obesity should be based on behaviors identified by the Centers for Disease Control and Prevention.</p>	\$16 million annually
3 ★	<p>The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	None
4 ★	<p>The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$8.6, \$5.7 and \$2.9 million over years 1, 2 and 3 to DPI
5	<p>All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.</p>	None
<b>#1: Providing healthier food to students</b>		
6 ★	<p>Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions:</p> <ul style="list-style-type: none"> <li>A. the school district is in full compliance with the N.C. State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and</li> <li>B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance.</li> </ul> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$20 million annually to DPI
7	<p>The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.</p>	None
8	<p>The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.</p>	None

9	The N.C. General Assembly should direct the N.C. State Board of Education to establish statewide nutrition standards for foods and beverages available in school-operated vending machines, school stores, snack bars, fundraisers, and all other food sale operations on the school campus during the instructional day.	None
10	The N.C. Division of Public Health and the N.C. Partnership for Children, Inc. (NCPC) should expand dissemination of evidence-based approaches for improved physical activity and nutrition standards in preschools using NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care).	\$70,000 to DPH and \$325,000 to NCPC annually
11	The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.	None
<b>#2: Improving the availability of healthy foods at home and in the community</b>		
12	The N.C. Division of Public Health should offer technical assistance to state agency workplaces (e.g., N.C. State Health Plan, schools) for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children. The N.C. Department of Public Instruction should assist with these efforts in schools.	\$337,000 to DPH and \$77,000 to DPI annually
13	The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.	None
14	Community Care of North Carolina (CCNC) should continue rollout of the Childhood Obesity Prevention Initiative, including dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families.	\$174,000 one-time to CCNC
<b>#3: Increasing the frequency, intensity, and duration of physical activity in the schools</b>		
15	<p>The N.C. General Assembly should require the N.C. State Board of Education (SBE) to implement a five-year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and Healthy Active Children Policy.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	Funding for full implementation by 2013 should be determined.
<b>#4: Encouraging communities to establish a master plan for pedestrian and bicycle pathways</b>		
16	The N.C. Division of Public Health should expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans that prioritize the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.	\$3.3 annually for 5 years
17	The N.C. General Assembly should authorize counties/municipalities the local option to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks.	None

18	<p>The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors, Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities.</p> <p>A. The interagency commission should:</p> <ul style="list-style-type: none"> <li>• leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces;</li> <li>• address liability protection for shared use of schools and for encouragement of safe routes to schools; and</li> <li>• examine current policies to promote the citing and development of more walkable schools.</li> </ul> <p>B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.</p>	None
<b>#5: Improving access to safe places where children can play</b>		
19	<p>The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.</p>	None
20	<p>The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to:</p> <p>A. provide recommendations for building joint park and school facilities, and</p> <p>B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).</p>	None
21	<p>The N.C. Division of Parks and Recreation should expand the existing Adopt-A-Trail grant program, which provides grants to governmental agencies and non-profit organizations for trail and greenway planning, construction and maintenance projects.</p>	\$1.5 million annually
<b>#6: Developing activities or programs that limit children's screen time</b>		
22	<p>The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should include interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities (as part of an overarching social marketing campaign) including:</p> <p>A. implementing a statewide social marketing campaign (e.g., "Tame the Tube") targeting parents and teachers of school-age children, and</p> <p>B. exploring partnerships with technology-based programs (e.g., digital interactive media) that can be used in schools, community settings and homes to promote physical activity and improved nutrition.</p>	See #2 above

**Table 2. Priority Recommendations**  
(Separated and repeated from overall list in Table 1)

# (not ranked)	Recommendation	Cost
1 ★	<p>The N.C. Division of Public Health along with its partners should expand obesity prevention efforts in local communities including the:</p> <ul style="list-style-type: none"> <li>A. establishment of one FTE in each local health department to coordinate obesity prevention across the community (\$5 million recurring to DPH); and</li> <li>B. full implementation of the <i>Eat Smart, Move More: NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases</i> in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state (\$5.5 million recurring for six years to DPH for Demonstration projects).</li> </ul> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$10.5 million annually
3 ★	<p>The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	None
4 ★	<p>The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$8.6, \$5.7 and \$2.9 million over years 1, 2 and 3 to DPI
6 ★	<p>Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions:</p> <ul style="list-style-type: none"> <li>A. the school district is in full compliance with the N.C. State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and</li> <li>B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance.</li> </ul> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	\$20 million annually to DPI
15 ★	<p>The N.C. General Assembly should require the N.C. State Board of Education (SBE) to implement a five-year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and Healthy Active Children Policy.</p> <p><b>Note: Received Immediate Priority Ranking from Task Force</b></p>	Funding for full implementation by 2013 should be determined.

Table 3. "No New Cost" Recommendations  
(Separated and repeated from overall list in Table 1)

#	Recommendation
3 ★	The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.
5	All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.
7	The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.
8	The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.
9	The N.C. General Assembly should direct the N.C. State Board of Education to establish statewide nutrition standards for foods and beverages available in school-operated vending machines, school stores, snack bars, fundraisers, and all other food sale operations on the school campus during the instructional day.
11	The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.
13	The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.
17	The N.C. General Assembly should authorize counties/municipalities the local option to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks.
18	<p>The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors, Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities.</p> <p>A. The interagency commission should:</p> <ul style="list-style-type: none"> <li>○ leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces;</li> <li>○ address liability protection for shared use of schools and for encouragement of safe routes to schools, and</li> <li>○ examine current policies to promote the citing and development of more walkable schools.</li> </ul> <p>B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.</p>
19	The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.
20	<p>The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to:</p> <p>A. provide recommendations for building joint park and school facilities, and</p> <p>B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).</p>

**Overarching Recommendations:  
Reach Across Multiple Initiatives or Categories of the Prevention Strategy to Address  
Childhood Obesity in N.C.**

**# 1. The N.C. Division of Public Health, along with its partners, should expand obesity prevention efforts in local communities including:**

- A. the establishment of one FTE in each local health department to coordinate obesity prevention across the community (\$5 million recurring to DPH); and**
- B. full implementation of the *Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* in selected local communities and identification of best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state (\$5.5 million recurring for six years to N.C. Division of Public Health for Demonstration projects).**

**The N.C. General Assembly should appropriate \$10.5 million in recurring funding to the N.C. Division of Public Health for these efforts.**

**Rationale/Overall Justification:**

*Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* was written by professionals from across the state with the common goal of obesity prevention. This plan is designed to help organizations and individuals implement strategies to address overweight and obesity in their communities and begin to create policies, media, and environments supportive of healthy eating and physical activity. Communities, preschools, schools, families, faith communities, worksites, and health care have come together across the state to implement evidence-based obesity prevention strategies.

The *Eat Smart, Move More NC* movement is built around the many health benefits that are associated with good nutrition and physical activity. Eating smart and moving more helps children and youth maintain a healthy weight, feel better and have more energy. These positive health benefits have the potential to translate into academic benefits at school. Good nutrition and physical activity nourish the brain and body, resulting in students who are present, on-time, attentive in class, on-task, and possibly earning better grades. As students work hard to achieve high academic standards, it is more important than ever that we provide opportunities for them to be active and eat healthy throughout the day. Families, schools and communities must share the responsibility of promoting and supporting children and youth to eat smart and move more.

Local Health Department Obesity Prevention staff could work collaboratively with Healthful Living Coordinators (see recommendation #4).

**Budget:**

Personnel:

1 FTE per county to support local capacity for dissemination of evidence-based prevention programs and policies in N.C. communities:

.....\$5 million recurring annually (\$50,000 per county per year) to DPH

Expanding capacity across the state:

Continued funding for five Demonstration Projects (currently funded for only one year) through competitive grant process for evidence-based interventions consistent with *Eat Smart, Move More: NC's Plan to Prevent Overweight, Obesity and Related Chronic Diseases* and new funding for two additional county Demonstration Projects for six years:

.....\$3.5 million recurring for six years to DPH (\$500,000 per county per year for total of seven counties)

Expand *Eat Smart, Move More* Community Grants:

.....\$1 million recurring for six years to ESMM Executive Committee

Adolescent grants of up to \$100,000 per year with priority given to counties that include a focus on "case management for health" through schools with adolescents who are at risk for obesity and overweight status:

.....\$500,000 recurring for six years to DPH

Technical assistance:

.....\$500,000 recurring for six years to DPH

**TOTAL: \$10.5 million annually**

**#2. The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should raise public awareness and implement a statewide social marketing campaign to promote healthy physical activity and nutrition behaviors and environments in schools, homes, and the community. Campaign messages to guide state efforts against obesity should be based on behaviors identified by the Centers for Disease Control and Prevention.**

**The N.C. General Assembly should appropriate \$16 million annually to the N.C. Division of Public Health to work with N.C. Health and Wellness Trust and the N.C. Department of Public Instruction for the expansion and evaluation of this social marketing campaign. A portion of the funding will be used for evaluation.**

**Rationale/Overall Justification:**

Social marketing applies advertising and marketing techniques to health or social issues with the intent of bringing about behavior change. It is used to reduce the barriers and increase the benefits associated with adopting new ideas or behaviors. Social marketing works positively for the good of individuals and for the good of society. The aim is to improve, in the long run, individual and societal well being.

Effective social marketing programs know the audience and what is meaningful to them so that the programs can help the audience in making positive behavior changes. CDC reports that effective social marketing campaigns will cost \$1.83 per person each year.

Social marketing can be applied to address all six of the initiatives in the plan to address childhood obesity. These also overlap with the messages of the N.C. Health and Wellness Trust Fund and of *Eat Smart, Move More NC*. The ESMM messages are based on those behaviors identified by the CDC to guide state efforts against obesity. Examples of the context of these messages under each of the six initiatives will be based on the seven research-based, key behaviors that can help children, youth and adults eat healthier and be more active including: prepare and eat more meals at home, tame the tube, choose to move more every day, right-size your portions, re-think your drink, enjoy more fruits and veggies, and breastfeed your baby. Other messages that are specific to North Carolina's efforts to address childhood obesity could also be developed and incorporated into this campaign including:

- The Healthy Low-cost Choice (to be disseminated with DPI),
- How to Make Healthy Choices in Restaurants, and
- Obesity prevention messages developed with HWTF.

**Budget:**

Develop new messages for additional focus on the six initiatives of the Task Force, expand the reach (of new and existing messages) and evaluate social marketing campaign to promote healthy behaviors and environments in school, home and community.

.....\$16 million annually to DPH to work with HWTF and DPI (costs based on CDC estimate of \$1.83 per population count in state per year for effective campaign)

**TOTAL: \$16 million annually**

**#3. The N.C. State Board of Education should encourage the N.C. Department of Public Instruction to develop or identify academically rigorous honors-level courses in health and/or physical education that can be offered at the high school level.**

**The N.C. General Assembly should encourage this recommendation.**

**Rationale/Overall Justification:**

In order to maximize their GPA, some high school students avoid courses which are not required and do not allow them to gain honors credit. This is the case with courses offered in health, physical education, and/or Healthful Living Education in North Carolina. To avoid this missed opportunity, honors courses in health and/or physical education should be developed and conducted to demand more challenging involvement than standard level courses.

Healthful Living Honors Courses could be geared to assist students in a future career in the following areas:

- Exercise Physiologist
- Nutritionist/Registered Dietitian
- Epidemiologist
- Public Health Educator
- Sports Medicine/ Athletic Trainer
- Sports Psychologist
- Sport Sociologist
- Strength and Conditioning Specialist
- Personal Fitness Trainer
- Cardiac Rehabilitation Specialist
- Teachers of Physical Education
- Physical Therapist
- Occupational Therapist
- Human Kinetics Specialist
- Corporate Fitness Specialist
- Sport Management and Administration
- Teachers of Health Education
- Community/Commercial Recreation Director

Honors courses that are developed will be more challenging than standard-level courses and provide multiple opportunities for students to take greater responsibility for their learning. Honors courses should be distinguished by a difference in the quality of student work expected rather than merely by the quantity of the work required.

**Budget: None**

**#4. The N.C. General Assembly should direct and fund each Local Education Agency to establish one full-time Healthful Living Coordinator in the Central Office whose responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program which will address childhood obesity prevention and other health related issues.**

**The N.C. General Assembly should provide tapered funding to the Department of Public Instruction for each LEA for three years (\$8.6, \$5.7 and \$2.9 million over three years) to support the Healthful Living Coordinator position in every LEA.**

**Rationale/Overall Justification:**

The North Carolina General Assembly should provide tapered funding to each Local Education Agency for three full years for one full-time Central Office Position whose total responsibility is to design, support, implement, manage, and evaluate a district-wide Coordinated School Health Program. This Healthful Living Coordinator would work with the School Health Advisory Council and assist the LEA in the implementation and monitoring of the Healthy Active Children Policy and the Federal Wellness Policies, and oversee teacher training and implementation of the Healthful Living Standard Course of Study. The Healthful Living Coordinator would serve as the program and policy advisor to the LEA Superintendent and local board of education on all health-related issues for students and staff. The position would also coordinate school health activities with public health efforts and community health initiatives. The Healthful Living Coordinator would also work to implement statewide recommendations regarding childhood overweight and obesity, diabetes and other chronic health conditions, physical education and physical activity, and the numerous other health efforts that link a student's health to greater academic achievement and increased graduation rates.

Similar Healthful Living Coordinator funding was provided by the N.C. General Assembly for a 10-year period starting in the mid-1980s. During the funding cycle, this successful program was able to generate additional funding to meet, and in numerous situations surpass, the cost to the state by having a full-time health advocate to write for grants and secure funding from foundations, hospitals and other funding streams for health-related programs.

Healthful Living Coordinators could work collaboratively with the Local Health Department Obesity Prevention staff (see Recommendation #1).

**Budget:**

1 FTE per LEA

Year 1: \$75,000 per 115 LEAs = \$8,625,000

Year 2: \$50,000 per 115 LEAs = \$5,750,000

Year 3: \$25,000 per 115 LEAs = \$2,875,000

(Note: The local Board of Education shall work to guarantee continued funding of this position after the initial three years.)

**TOTAL: \$8.6, 5.7, and 2.9 million over year 1, 2 and 3**

**#5. All agencies implementing childhood obesity prevention strategies, including schools and other intervention locations, should use common metrics (e.g., BMI and School Level Impact Measures [SLIMs]) to enable measurement of progress and to identify where efforts have been the most successful and where more efforts are needed.**

**Rationale/Overall Justification:**

For the most effective and efficient evaluation of North Carolina's progress in addressing childhood obesity, it is important to measure progress and to identify where efforts have been the most successful and where more efforts are needed. This is true for prevention strategies across community, home, environments, and schools. Determining the most appropriate ways to measure progress will require collaboration between the service delivery community, public health, public instruction, the university and research communities, state foundations, policy makers, and other agencies addressing childhood obesity.

In the school setting, two measurement tools that can help identify progress in North Carolina schools are IsPOD and SLIMS. With a \$4 million Kate B. Reynolds Charitable Trust grant to continue pilot work funded by the Health and Wellness Trust Fund, NCAAHPERD is rolling out the In-School Prevention of Obesity and Disease (IsPOD) Initiative. This program will use the evidence-based SPARK curriculum for physical education and will include continuous evaluation of the program. This evaluation will include the collection of BMI from all K-8 students and information from the FITNESSGRAM.

Another measure that will have utility in the state is the use of School Level Impact Measures, or SLIMS. These measures were identified by the Centers for Disease Control and Prevention (CDC) Division of Adolescent School Health (DASH) to assess the percent of secondary schools in their implementation of policies and practices recommended by CDC to address critical health problems faced by children and adolescents.

Current efforts between DPI, DPH and IsPOD have resulted in a collaborative effort to develop data streams to the State Center for Health Statistics for the management and evaluation of BMI and SLIMS data from the LEAs across the state. This data will be analyzed and reported to all interested parties.

Other intervention locations can use BMI and FITNESSGRAM tools used in IsPOD or components of the SLIMs to measure the impact outside of school settings so that all state initiatives use common tools.

Funding for evaluation will need to be incorporated into all childhood obesity efforts.

**Budget: None**

## Category #1: Providing Healthier Food to Students

**#6. Elementary schools should fully implement the SBE-adopted nutrition standards and should receive support to do this under the following conditions:**

- A. the school district is in full compliance with the State Board of Education policy on nutrition standards in elementary schools (EEO-S-002), and**
- B. the school district is not charging indirect costs to the Child Nutrition Program until the program achieves and sustains a three-month operating balance.**

**The N.C. General Assembly should appropriate \$20 million annually to the N.C. Department of Public Instruction to support the full and consistent implementation of the SBE-adopted nutrition standards in elementary schools.**

### Rationale/Overall Justification:

The development of state-wide standards for all foods and beverages in schools was a key policy recommendation from the Healthy Weight Initiative. As a result, in December 2003, the Division of Public Health convened a consensus panel of experts to make recommendations for nutrition standards. A six-person writing team was formed to compose the standards based on recommendations from the expert panel. In May 2004 the document *Eat Smart: N.C.'s Recommended Standards for all Foods Available in School* was released. The recommendations provided a blueprint for gradual change in the nutritional composition of foods and beverages served in the state's public schools. The consensus panel proposed that the nutrition standards should be voluntary and would be most effective if implemented gradually, possibly over a ten-year period.

Upon the recommendation of the Childhood Obesity Study Committee of the Health and Wellness Trust Fund, the N.C. General Assembly enacted legislation in 2005 that would gradually improve the nutrition integrity of foods and beverages available on school campuses throughout the school day. As part of this legislation, the N.C. General Assembly directed the N.C. State Board of Education (SBE) to adopt nutrition standards for elementary schools followed by middle and high schools. The standards were to be developed in consultation with Child Nutrition Directors in the state's public school systems and were to be piloted for achievability, affordability and student appeal prior to adoption by the SBE.

Simultaneously, the N.C. General Assembly appropriated \$25,000 to fund the pilots of nutrition standards in the elementary schools of eight Local Education Agencies (LEAs) throughout the state. According to the legislation, LEAs that participated in the pilots were to be held financially harmless for any losses that occurred in the Child Nutrition Program as a result of testing the nutrition standards; the \$25,000 was earmarked to reimburse the LEAs participating in the pilots for any financial loss that occurred as a result of implementing the nutrition standards.

The nutrition standards were piloted in 124 elementary schools from January 2005 through mid-May 2005. In less than five months of piloting the nutrition standards, LEAs lost, collectively, 15 times the amount that was appropriated to fund the pilots. As a result of the financial loss, the

pilots were discontinued. However, during this time, the Child Nutrition Directors (CNDs) in these districts obtained adequate information about product availability, student appeal and affordability to make recommendations for nutrition standards in elementary schools to CNDs throughout the state and subsequently to the SBE. In October 2006, the SBE adopted nutrition standards for elementary schools. According to SBE Policy EEO-S-002, all elementary schools were to implement the nutrition standards by the beginning of the 2008 school year.

Pilots of the nutrition standards in elementary schools indicated that healthful school meals and snacks would decrease revenues and increase cost in the Child Nutrition program. Specifically, the pilots revealed a loss of revenues from the sale of a la carte foods and beverages, most of which were high in fat and/or sugar and calories. These low-nutrient, low-cost foods were replaced with fresh fruits and vegetables, whole-grain products and low-fat (1%) or skim milk. The increased cost associated with purchasing, preparing and serving these items increased operating costs in the pilot schools.

The following table shows actual and projected revenue losses based on implementation of the nutrient standards in elementary schools after modification. The losses are a direct result of the reduction in a la carte foods and beverages available to students and the increased cost of more healthful foods and beverages. The cost of implementing the nutrition standards does not reflect the labor costs associated with preparing and serving fresh fruits and vegetables and whole-grain products, nor does it include the cost to purchase equipment necessary to prepare and store more healthful foods and beverages.

	Cost of implementing nutrition standards (90 days)	Extended cost of implementing nutrition standards (180 days)	Projected cost of implementing nutrition standards in N.C.'s Elementary Schools
Number of Schools/Length of Time	124 Pilot Schools Average cost (per school) for 90 days	124 Pilot Schools Average extended cost (per school) for 180 days	1,170 Elementary Schools Projected cost for 180 days
Average revenue loss from sale of a la carte items	\$5,377	\$10,754	\$12,582,180
Average increase in food cost	\$3,184	\$6,368	\$7,450,560
<b>Cost of implementing nutrition standards</b>	<b>\$8,561</b>	<b>\$17,122</b>	<b>\$20,032,740</b>

Prepared by Child Nutrition Services Section, N.C. Department of Public Instruction, March 2006

**Budget:** (per table above)

**TOTAL: \$20 million annually**

**#7. The N.C. State Board of Education should encourage LEAs to provide 30 minutes for students to select and consume meals at school.**

**Rationale/Overall Justification:**

The family's influence on a student's food habits is far more powerful than that of the school. However, schools can play a significant role in helping students develop lifelong healthful eating habits that contribute to optimal health. One of the most important roles schools play in promoting healthy eating habits is to provide clear, accurate, and consistent messages to students about healthful food and beverage choices. This process begins in the classroom where students are provided age- and developmentally-appropriate nutrition education, and continues as students are provided the opportunity to select from a variety of wholesome, nutritious and appealing foods in the school dining room.

All too often, students are not given adequate time to select and consume their meals, especially during the lunch period. The average amount of time allotted to students in middle and high schools to select and consume their meal is only 17 minutes; students report this amount of time is not sufficient to select and consume their meals. As a result, many students choose less healthful items from school-operated vending machines as substitutes for healthful options available in the school dining room, or they choose not to eat at all.

Students must have adequate time to select and consume healthful school meals. Meal time should be counted from the time students begin to eat their meal and should not include time spent waiting in line. Adequate time is defined as at least 30 minutes of seat time for lunch, 15 minutes of seat time for breakfast, and allowing students with special needs appropriate amounts of time to accommodate their needs. Further, lunch periods should be planned as near to the middle of the school day as possible to increase the likelihood that students will eat full meals, and schools should avoid scheduling other activities such as assemblies, tutoring, or student club/organization meetings during school meal times.

**Budget:** None

**#8. The N.C. General Assembly should require all principals whose schools operate vending machines (outside the Child Nutrition Program) to sign a Memorandum of Agreement (MOA) with beverage and snack vendors to ensure vending machines contain only those foods and beverages consistent with allowable contents pursuant to GS 115C-264.2. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate full compliance with GS 115C-264.2, and preferably compliance with national standards if those standards are higher than those set forth by the state.**

**Rationale/Overall Justification:**

Schools play an important role in helping students develop healthful eating habits by providing clear, accurate and consistent messages. Nutrition education in the classroom helps ensure students comprehend the basic requirements of a healthful diet, and when students are given the opportunity to practice the concepts mastered in the classroom by making healthful choices in the school dining room, healthy food and beverage concepts are reinforced. However, messages about healthful food and beverage choices and nutrition messages disseminated in the classroom should extend throughout the campus and should reflect food and beverage choices available to students in a variety of areas on the school campus including, but not limited to, school-operated vending machines, school stores, school/class celebrations and fund-raisers. In 2005, the N.C. General Assembly enacted legislation to define the allowable contents of school-owned vending machines (GS 115C-264.2 prescribes the contents of the school-owned vending machines). Yet, at present, there is no mechanism to monitor the contents of the machines.

This situation could be addressed if all LEAs required principals who are responsible for school-operated vending machines to sign a Memorandum of Agreement with vendors that ensures the machines will be stocked with foods and beverages as allowed in the statute. The MOA should be submitted to the N.C. Department of Public Instruction annually to indicate compliance with the General Statute. (Note: This recommendation applies to school-operated vending machines and does not apply to vending devices used in conjunction with the Child Nutrition Program as these machines only dispense a la carte foods and beverages allowed in the federally-funded Child Nutrition Program.)

**Budget: None**

**#9. The N.C. General Assembly should direct the N.C. State Board of Education to establish statewide nutrition standards for foods and beverages available in school-operated vending machines, school stores, snack bars, fundraisers, and all other food sale operations on the school campus during the instructional day.**

**Rationale/Overall Justification:**

In response to growing concerns over childhood obesity, state and national attention has focused on the need to establish nutrition standards for foods and beverages available to students throughout the school day. Upon the recommendation of the Childhood Obesity Study Committee of the Health and Wellness Trust Fund, the N.C. General Assembly enacted legislation in 2005 that would gradually improve the nutritional integrity of foods and beverages available on school campuses throughout the school day. Specifically, the N.C. General Assembly directed the N.C. State Board of Education to adopt nutrition standards for school meals, a la carte foods and beverages and items served in the After School Snack Program (GS 115C-264.3). Simultaneously, the N.C. General Assembly enacted legislation to determine the contents of school-operated vending machines that dispense snacks and beverages outside the school meals program (GS 115C-264.2). However, the legislation does not reflect food and beverage sales in school stores, snack bars, as fund-raisers or through any other vending outlet on the school campus. In addition, the legislation no longer reflects newly-developed products available in the snack and beverage marketplace, many of which are lower in calories and higher in nutrients than those mandated in the statute.

All foods and beverages available on the school campus should comply with consistent nutrition recommendations as defined in the most current edition of the Dietary Guidelines for Americans. Nutrition standards for foods and beverages available in school meals, snack and beverage vending, fund-raisers and all other vending operations on the school campus should be consistent throughout the school campus and consistent with current science and best practices in the school nutrition industry.

The N.C. State Board of Education has successfully achieved consensus among key stakeholders in developing nutrition standards for school meals. This same model of success and consensus should be applied in developing nutrition standards for foods and beverages available outside the school meals environment to ensure consistency throughout the school campus. These standards shall be developed in direct consultation with a cross-section of child health advocates, local directors of Child Nutrition Programs, representatives from beverage and snack industries and members of the Childhood Obesity Study Commission of the HWTF. The nutrition standards for beverages and snacks will promote the gradual reduction of sugar, fat (including saturated and trans fats) and calories while increasing nutrient density. The SBE should have the authority to examine the standards on an annual basis and make modifications that reflect current products in the school nutrition marketplace, best practices in the industry, and science-based evidence as reflected in the most current edition of The Dietary Guidelines for Americans.

**Budget:** None

**#10. The N.C. Division of Public Health and the N.C. Partnership for Children, Inc. (NCPC) should expand dissemination of evidence-based approaches for improved physical activity and nutrition standards in preschools using NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care).**

**The N.C. General Assembly should appropriate \$70,000 to the N.C. Division of Public Health and \$325,000 to the N.C. Partnership for Children, Inc. (NCPC) annually for these activities.**

### **Rationale/Overall Justification:**

Making positive changes in nutrition and physical activity among preschool-age children is a way to preempt the increasing prevalence of overweight and obesity among children in the state. According to the N.C. Division of Public Health's North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) 2007 report, 31 percent of North Carolina's children two to four years of age are considered at risk for becoming overweight or are overweight as measured by BMI-for-Age. This means that of the 98,795 young children who were seen in N.C. Public Health Sponsored WIC and Child Health Clinics and some School-Based Health Centers, roughly one-third (30,649) of the children were at-risk or were already overweight. Proportionately, Hispanic children (ages 2-4 years) have higher rates of obesity compared with other ethnic groups (20.3% are overweight compared to 15.8% of white children). The average number of children in subsidized child care in North Carolina is 149,000. In addition, there are an estimated 150,000 children participating in the Child and Adult Care Food Program on an average day. The most vulnerable population for nutrition standards may be children in childcare. Like school-age children, they receive the majority of calories and nutrients in the childcare setting (two meals and a snack each day).

Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) offers an opportunity to bring attention to both nutrition and physical activity in the preschool setting. NAP-SACC is an evidence-based intervention aimed at improving the eating and physical activity environments in child care centers. The NAP-SACC program includes a self-assessment used to enhance policies, practices and environments in the child care setting. Participation in NAP-SACC by child care facilities can:

- improve the nutritional quality of food served,
- increase the amount and quality of physical activity,
- improve staff-child interactions, and
- improve facility nutrition and physical activity policies and practices and related environmental characteristics.

Child Care Health Consultants, operating through The N.C. Partnership for Children (NCPC), Inc. (Smart Start) would provide NAP-SACC.

Currently, the NAP-SACC program is not universally implemented in the state. Expansion of the NAP-SACC initiative to 500 child care centers (NAP-SACC-NC) would improve nutrition quality and the amount and quality of physical activity provided to young children across the state.

**Budget:**

Personnel:

4 FTEs as additional Child Care Health Consultants (CCHC) through NCPC:  
.....\$250,000 (salary and benefits) recurring annually to NCPC

1 FTE at DPH to coordinate activities, train personnel, work on implementation of rating system  
and monitor evaluation:  
.....\$70,000 (salary and benefits) recurring annually to DPH

.50 FTE at NCPC to coordinate activities and provide technical assistance to DPH:  
.....\$40,000 (salary and benefits) recurring annually to NCPC

Related training and evaluation expenses:  
.....\$35,000 to NCPC

**TOTAL: \$395,000 annually**

**# 11. The N.C. State Commission on Childcare should assess process and funding needed for childcare centers to incorporate healthy eating and physical activity practices as quality indicators in N.C.'s Five Star rating system for licensed childcare centers.**

**Rationale/Overall Justification:**

In 2000, the Division of Child Development (DCD) began issuing star-rated licenses to all eligible Child Care Centers and Family Child Care Homes. Facilities can receive one to five stars. A rating of one star means that a childcare program meets North Carolina's minimum licensing standards for childcare. Programs that choose to voluntarily meet higher standards can apply for a two- to five-star license. The star rating was initially composed of a facility's scores in three quality components: 1) staff education, 2) program standards, and 3) compliance history.

In 2005, DCD changed the way facilities are evaluated in order to give parents better information about a program's quality. The new rules make a 75 percent "compliance history" a minimum standard for any licensed facility. Because it is now a minimum requirement, newly licensed facilities (and eventually all programs as they transition to the revised rated license) earn the star rating based on only the two components that give parents the best indication of quality – staff education and program standards.

More work is needed to incorporate systemic and sustainable improvements in nutrition and physical activity standards in early childhood settings. As addressed by the N.C. Health and Wellness Trust Fund's Fit Families N.C. Study Committee on Childhood Obesity ([www.healthwellnc.com/hwtfc/pdf/fitfiles/FitFamilies-StudyCommitteeReport05.pdf](http://www.healthwellnc.com/hwtfc/pdf/fitfiles/FitFamilies-StudyCommitteeReport05.pdf)), there is a need to review North Carolina's childcare star-rating system in order to develop and assimilate proven measures that would enhance current systems. This should include establishing healthy nutrition and physical activity practices as a childcare quality indicator.

Incorporating systemic improvements in nutrition and physical activity standards in early childhood settings by establishing healthy nutrition and physical activity practices as a childcare quality indicator would guarantee that these improvements are sustainable.

**Budget: None**

**Category #2: Improving the Availability of Healthy Foods at Home  
and in the Community**

**#12. The N.C. Division of Public Health should offer technical assistance to state agency workplaces (e.g., N.C. State Health Plan, schools) for healthy workplace initiatives for promoting positive behavior change for physical activity and good nutrition among adults to improve role modeling for children. The N.C. Department of Public Instruction should assist with these efforts in schools.**

**The N.C. General Assembly should appropriate \$337,000 to the N.C. Division of Public Health and \$77,000 to the N.C. Department of Public Instruction annually for these efforts.**

**Rationale/Overall Justification:**

Given that behaviors children develop regarding nutrition and physical activity are influenced by parents, school administrators, and other mentors, it is important to try to assist parents and role models in adopting positive health behaviors.

The worksite, where many adults spend the majority of their day, can be used as an intervention site for promoting positive behavior change for physical activity and good nutrition. Worksite wellness programs, healthy food choices in worksite settings, and even access to farmers' markets at the workplace can assist adults in adopting and maintaining healthy behaviors that they model to the children they influence. While worksite interventions where all parents work is critical, school systems are one important worksite location to emphasize. Children spend up to eight hours a day with teachers and school staff. Behaviors modeled by adults in this environment will affect children's behaviors, especially in the elementary grades. With a strong employee wellness program implemented in the schools, staff and teachers not only begin to adopt healthier behaviors but also are more likely to encourage students to try to be healthy.

Evidence supports the importance of worksite wellness programs in influencing the creation of a healthier workforce to contain rising health care costs and reduce the health impact employees are facing. The N.C. HealthSmart Initiative and the CDC program, STAR School Employee Wellness, are both programs that can be used to address the needs of the growing number of employees in North Carolina who are at risk for developing, or are already living with, chronic illnesses and conditions.

**Budget:**

Personnel to implement N.C. HealthSmart Worksite Wellness Program or STAR School Employee Wellness Program  
.....\$308,400 (4.0 FTEs) recurring annually to DPH and \$77,000 (1.0 FTE) at DPI

Non-personnel costs to implement Worksite Wellness Program  
..... \$28,700 recurring annually to DPH

**TOTAL: \$414,100 annually**

**#13. The N.C. Division of Public Health and N.C. Prevention Partners, working collaboratively with the N.C. Restaurant and Lodging Association and other partners, should encourage menu labeling through technical assistance for prominently displayed nutrition and calorie information for consumers in restaurants.**

**Rationale/Overall Justification:**

Though Americans eat out more than ever before, few restaurants provide nutrition information at the point of purchase. This is especially problematic in fast-food restaurants, where frequent intake of calorie-dense food is associated with increased caloric intake, weight gain, overweight and obesity. Without clear, easy-to-use nutrition information at the point of ordering, it's difficult to make informed choices at restaurants.

In a broad health-impact assessment of the potential effect of a menu labeling law in California, the County of Los Angeles Public Health staff recently assessed the impact of prominent menu labeling. They report that "using conservative assumptions that calorie postings would result in 10 percent of large chain restaurant patrons ordering reduced calorie meals, with an average reduction of 100 calories per meal, and no compensatory increase in other food consumption; menu labeling would avert 38.9 percent of the 6.75 million pound average annual weight gain in the county population aged 5 years and older. Substantially larger impacts would be realized if higher percentages of restaurant patrons ordered reduced calorie meals or average per meal calorie reductions increased."

More than 20 states and localities are considering policies that would require fast-food and other chain restaurants to provide calories and other nutrition information on menus and menu boards—four have already passed policies. California's recent bill [SB 1420 (Padilla)] addressing menu labeling was signed into law in September 2008. The bill applies to restaurant chains with 20 or more outlets in the state, and is defined by law as, "a food facility in the state that operates under common ownership or control with at least 19 other food facilities with the same name in the state that offer for sale substantially the same menu items, or operates as a franchised outlet of a parent company with at least 19 other franchised outlets with the same name in the state that offer for sale substantially the same menu items." The bill does not apply to certain designated food facilities including school cafeterias, grocery stores, convenience stores and farmers' markets. California assumes that local public health departments, either through their environmental health and/or nutrition sections, will monitor compliance with the law.

The Center for Science in the Public Interest is leading efforts in development of national legislation to require menu labeling ([www.cspinet.org/menulabeling/](http://www.cspinet.org/menulabeling/)).

**Budget: None**

**#14. Community Care of North Carolina (CCNC) should continue rollout of the Childhood Obesity Prevention Initiative, including dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families.**

**The N.C. General Assembly should appropriate \$174,000, in non-recurring funds, to CCNC for these efforts.**

**Rationale/Overall Justification:**

Although most approaches to address childhood obesity focus on school policies and environmental changes, the health care system is a critical component of the comprehensive approach needed to effectively change obesity prevalence among children. Multiple professional agencies support the importance of training and competency of healthcare professionals in preventing, identifying and treating affected children and families. Using these and other recommendations, the Pediatric Obesity Clinician Reference Guide was developed by a committee of North Carolina physicians in collaboration with *Eat Smart Move More NC*. To complement the Pediatric Obesity Clinician Reference Guide, several other tools are provided including:

- Obesity Prevention and Treatment Recommendations card,
- BMI screening charts (adapted from CDC charts),
- Eating Habits and Physical Activity Assessment questionnaires,
- Patient education sheets for Healthy Eating and Physical Activity, and
- Referral to a Registered and/or Licensed Dietitian/Nutritionist as needed.

Currently, a pilot project of the use of these tools and guidelines is being conducted through the Community Care of North Carolina (CCNC) Childhood Obesity Prevention Initiative. The goal of the project is to promote practice-based standardized screening with prevention messages for all children, to increase provider self-efficacy in treating childhood obesity, and to develop effective linkages between the child's primary care provider and existing community resources. Four CCNC networks are participating in the initiative which specifically targets 187 primary care practices seeing 102,000 Medicaid-enrolled children aged 2-18. The two-year pilot (January 2008- December 2009) is funded by a Kate B. Reynolds Charitable Trust grant with in-kind support from the Office of Rural Health and Community Care and the North Carolina Foundation for Advanced Health Programs.

While an evaluation of the pilot is ongoing, the North Carolina Task Force on Preventing Childhood Obesity notes that a continued rollout of this process across the state would be worthwhile, given the strong evidence-base on which it was designed and the focus on only process measures for the pilot.

**Budget:**

One-time training, CME costs for 10 remaining CCNC networks and production of tool kit for remaining 3,000 CCNC providers:

.....\$174,000 in non-recurring cost

**TOTAL: \$174,000 non-recurring cost**

### Category #3: Increasing the Frequency, Intensity, and Duration of Physical Activity in the Schools

**#15. The N.C. General Assembly should require the N. C. State Board of Education (SBE) to implement a five year phase-in requirement of quality physical education by 2013, including NASPE Opportunities to Learn with 150 minutes of elementary school physical education weekly, 225 minutes weekly of "Healthful Living" in middle schools, and two units of "Healthful Living" as a graduation requirement for high schools. The SBE shall be required to report to Education Oversight Committee annually regarding the physical education program and the Healthy Active Children Policy.**

**Appropriate funding for full implementation by 2013 should be provided by the N.C. General Assembly.**

#### Rationale/Overall Justification:

The terms "physical activity" and "physical education" are often used interchangeably. However, they differ in important ways. Understanding the difference between the two is critical to understanding why both contribute to the development of healthy, active children. Physical activity is a *behavior*. Physical education is a *curriculum (or a class)* that includes physical activity.

**PHYSICAL EDUCATION** is a curriculum (or a class) taught by a qualified physical education teacher. Physical education is critical to teach students the skills they need to be physically active for life and to practice those skills under the observation of a qualified physical educator. Physical educators assess student knowledge, motor and social skills, and provide instruction in a supportive environment.

**PHYSICAL ACTIVITY** is any bodily movement that is produced by moving muscles. Physical activity may include planned activity such as walking, running, basketball or other sports. It may also include other daily activities such as yard work or walking the dog.

**HEALTHFUL LIVING** is a combination of health education and physical education. The two courses should complement each other. Students should experience a sequential educational program that will involve learning a variety of skills that enhance a person's quality of life.

An appropriate amount of time for quality physical education is recommended by the Centers of Disease Control and Prevention, N.C. State Board of Education Healthy Active Children Policy, the National Association of Sport and Physical Education (NASPE), and the N.C. Alliance for Athletics, Health, Physical Education, Recreation and Dance (NCAAHPERD), as well as other leading national and state organizations. Most of our children are in schools on a daily basis where opportunities exist for learning about healthy nutrition, prevention of health-risk behaviors, and positive physical activity. According to the NASPE guidelines, a high-quality physical education program includes the opportunity to learn, meaningful content and appropriate instruction.

The elements below provide a comprehensive reform framework for impacting physical activity and physical education efforts under the following timeline:

<u>Year</u>	<u>Grade</u>	<u>Implementation Date</u>
Year 1	K-2	September 2010
Year 2	3-5	September 2011
Year 3	6-8	September 2012
Year 4	9-12	September 2013

Elements of the **phase-in of elementary school physical education program** include:

- At least 150 minutes of physical education provided every week;
- Physical education taught by licensed physical education teachers;
- Physical education assessments measuring knowledge, skill and fitness; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **phase-in of the Healthful Living middle school physical education program** include:

- At least 225 minutes of healthful living provided every week;
- Physical education and health education are both taught by licensed teachers;
- Healthful Living assessments to measure knowledge, skill and fitness of students; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **phase-in of the Healthful Living high school physical education program** include:

- One additional year of physical education as a high school graduation requirement;
- Inclusion of Healthful Living Honors Courses developed by DPI;
- Physical education and health education are both taught by licensed teachers;
- Healthful Living assessments to measure knowledge, skill and fitness of students; and
- Appropriate class size equivalent to other core academic classes.

Elements of the **evaluation process of the quality and the impact of physical education** program include opportunity to learn, meaningful content and appropriate instruction as outlined in NASPE guidelines. Specific evaluation components will include:

- Impact of physical education (ongoing with DPI, NCAAHPERD and IsPOD);
- Impact of level of physical activity and amount of physical education on students' ability to learn effectively and maximize performance in school;
- Measurement of the impact of the instructional process in physical education (i.e., full inclusion of students, maximum participation, adequate levels of equipment, use of ongoing assessment, certified teachers) through the new 2008 North Carolina Professional Teacher Standards; and
- Evaluation by an independent external evaluator to assess the costs and the impact of quality physical education in North Carolina.

**Budget:** To be determined in collaboration with the General Assembly (preliminary estimates from an informal survey have estimated \$90 million over 10 years). Funding for full implementation by 2013 should be determined and allocated.

**Category #4: Encouraging Communities to Establish a Master Plan for Pedestrian and Bicycle Pathways**

**#16. The N.C. Division of Public Health should expand the existing Community Grants Program to assist 15 local communities in developing and implementing Active Living Plans that prioritize the availability of sidewalks, bicycle lanes, parks, and other opportunities for physical activity and recreation.**

**The N.C. General Assembly should appropriate \$3.3 million annually to N.C. Division of Public Health for five years to expand this grants program.**

**Rationale/Overall Justification:**

Active Living Plans strive to create environments that promote physical activity. This often takes more than just building a sidewalk or greenway. In order to change sedentary behavior, there needs to be the adoption of a holistic approach that connects policy, programs, promotions, and physical projects. One of the goals of an Active Living plan is to promote physical activity by increasing proximity to routine destinations and accessibility of parks and greenspaces. This expands opportunities for active routine travel and recreation. There is growing evidence that segregated and spread-out land-use patterns make walking, biking, transit and other forms of active transportation very difficult; promote automobile dependency; and increase health and safety risks for those who are active. A more compact and integrated land-use system that is more supportive of active transportation and routine recreational use of parks and greenspace would help make healthy levels of physical activity more attainable for large numbers of people during their daily routine.

Additional resources for planning and implementation for Active Living Plans would allow for: support of programs in both rural and urban areas; needed collaboration with a wide consortium of community partners; planning to identify what active living infrastructure exists and what is needed; development of policies to guide public and private investment in active living infrastructure; implementation of physical projects such as new sidewalks, bike paths, and parks to provide residents with places to be active and children the ability to walk to school; and promotions and programs to encourage the use of these facilities; along with independent evaluation of these projects.

**Budget:**

Increase capacity of existing Community Grants Program to assist 15 local communities (not receiving resources from other Eat Smart Move More grants) to develop and implement Active Living Plans

.....\$3.3 million annually to DPH to expand existing competitive grant program (including grants to communities and support at state level for technical assistance)

**TOTAL: \$3.3 million annually for five years**

**#17. The N.C. General Assembly should authorize counties/municipalities the local option to hold a referendum to increase the sales tax by ½ cent for community transportation, parks, and sidewalks.**

**Rationale/Overall Justification:**

Increasing sidewalks, bicycle lanes, parks and other opportunities for physical activity and recreation will require resources for planning, design, preparation, implementation and maintenance. Local revenue will be needed, even with federal support. Many urban counties, or counties contiguous to urban counties, have successfully implemented Active Living Plans with resources from local revenue sales tax options specifically designated for public transportation systems.

As stated in a report of the Intermodal Committee, increasing tax revenue for activities similar to implementing Active Living Plans will “allow the State’s urban regions to remain good places to live, environmentally sound and economically viable. They allow new urban growth to be absorbed in an environmentally friendly manner, reducing demands on highways and infrastructure, and helping localities target and benefit from economic development.”

Legislation to authorize counties/municipalities the local option to hold a referendum to increase the sales tax for community transportation, parks and sidewalks was filed in the 2007/2008 session as part of HB 2363, Congestion Relief and Intermodal Transportation 21<sup>st</sup> Century Fund but it was not approved. Details can be found at:  
([www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=HB+2363](http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2007&BillID=HB+2363))

**Budget: None**

**#18. The Governor/Legislature should create/direct an interagency leadership commission that includes senior-level agency staff from North Carolina's Department of Transportation, State Board of Transportation, Department of Health and Human Services, Department of Public Instruction, Department of Environment and Natural Resources, Department of Commerce, and representatives of the League of Municipalities, County Commissioners Association, State Board of Education, Association of Metropolitan Planning Organizations, Association of Local Health Directors, Recreation and Park Association, State Society for Human Resource Management, and Chamber of Commerce to develop interagency plans to promote active, livable communities.**

**A. The interagency commission should:**

- **leverage federal resources to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces;**
- **address liability protection for shared use of schools and for encouragement of safe routes to schools; and**
- **examine current policies to promote the citing and development of more walkable schools.**

**B. The interagency commission should examine the impact of these policies on school transportation costs, economic development, and other relevant factors.**

### **Rationale/Overall Justification:**

The need for proactive, comprehensive planning for healthier environments in North Carolina is urgent given the growth in the state, the loss of greenspace, the limited public transportation system, and the negative effects these changes have on the decreases in levels of physical activity.

Collaboration between many disciplines is needed in order to support active living environments. These include land-use planning, transportation, parks, trails and greenways, school development teams, communications, public health, design, community development and many others.

Efforts with this interagency group could be used to effectively leverage resources for a variety of funding sources (federal, developers, and others) to expand Safe Routes to Schools and other similar initiatives and expand funds available for the creation and maintenance of sidewalks, bicycle lanes, parks, and other green spaces. This group could also be used to examine current policies to promote the development of more walkable schools and communities.

Evaluation of the impact of active living policies on school transportation costs, economic development, potential savings, and other appropriate measures will need to be assessed in order to demonstrate the long-term outcomes associated with development of active living environments.

**Budget: None**

**Category #5: Improving Access to Safe Places  
Where Children Can Play**

**#19. The N.C. State Board of Education should encourage local Boards of Education to work collaboratively with local policy makers to develop a memorandum of understanding to promote joint use of all county facilities. This reciprocal agreement will focus on promoting physical activity between schools and the community during and after school hours while addressing liability issues.**

**Rationale/Overall Justification:**

Joint use agreements between school systems and the community are expected to delineate opportunities, guidelines, roles and responsibilities (e.g., regarding maintenance and liability) thereby allowing publicly supported facilities (i.e., schools) to be more fully utilized by the public.

The U.S. Department of Health and Human Services Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People (MMWR 1997;46 (No. RR-6)) recommend "schools and communities should coordinate their efforts to make the best use of their resources in promoting physical activity among young people." This includes having schools, which lack facilities, reach out to use community resources (i.e., YMCA, YWCA, Parks and Recreation field) during the school day.

Additionally, in May 2008, the Healthy Eating Active Living Convergence Partnership recommended that "schools promote healthy physical activities and incorporate them throughout the day, including before and after school." Specifically, this includes the recommendation to "establish joint-use agreements that allow use of public schools and facilities for recreation by the public during non-school hours."

**Budget: None**

**#20. The N.C. State Board of Education should encourage the School Planning Section in the Division of School Support in the N.C. Department of Public Instruction to:**

- A. provide recommendations for building joint park and school facilities, and**
- B. include physical activity space in the facility needs survey for 2010 and subsequent years (e.g., class size, playgrounds, walk/bike to school).**

**Rationale/Overall Justification:**

The North Carolina G.S.115C-521 requires that "Local boards of education shall submit their long-range plans for meeting school facility needs to the N.C. State Board of Education by January 1, 1988, and every five years thereafter." In 1995, the North Carolina General Assembly authorized the School Capital Construction Study Commission and charged the Commission to conduct a comprehensive study of public school facility needs in the state. Needs documented in that study helped to justify the \$1.8 billion state bond issue that was passed in 1996. It also changed the five-year cycle of the study.

The School Planning Section in the Division of School Support developed a uniform reporting system to assist North Carolina school districts, architects and designers in the planning and design of high quality school facilities that enhance education and provide lasting value to the children and citizens of the state.

**Budget: None**

**#21. The N.C. Division of Parks and Recreation should expand the existing Adopt-A-Trail grant program, which provides grants to governmental agencies and non-profit organizations for trail and greenway planning, construction and maintenance projects.**

**The N.C. General Assembly should appropriate an additional \$1.5 million to the N.C. Division of Parks and Recreation for this program.**

**Rationale/Overall Justification:**

The U.S. Preventive Services Task Force has substantiated the health benefit of enhancing access to places for physical activity. Recent research has gone even further, suggesting that increasing access to places for physical activity was “found to be cost-effective and offered good value for money, with gains in both survival and health-related [quality of life].” (Roux, AJM 2008)

With specific regard to childhood obesity prevention, public health science has validated the vital role of community recreational environments. Various studies have shown that “children's participation in physical activity is positively associated with publicly provided recreational infrastructure (access to recreational facilities and schools) and transport infrastructure (presence of sidewalks and controlled intersections, access to destinations and public transportation). (Davison, Lawson; InternJBehavNutPA 2006).

Trails and greenways play a vital role in childhood obesity prevention, yet resources for building, enhancing, and maintaining these infrastructure facilities do not meet current demand within North Carolina communities. The Adopt-A-Trail grant program is the only state resource specifically targeted for planning, building and maintaining trails and greenways. The Adopt-A-Trail Grant Program is currently budgeted at \$108,000 annually, resulting in an average of 20 grants awarded annually at a maximum grant award of \$5,000. The N.C. Division of Parks and Recreation receives an average of \$2 million in requests for trail and greenway grant funding each year that it is unable to provide. An increase in the Adopt-A-Trail Grant Program as requested will allow the N.C. Division of Parks and Recreation to fund more quality trail and greenway projects across the state, and to increase the number of miles of trails and greenways available to children, citizens and guests of North Carolina.

Funding at this level will increase the number of quality grants that can be awarded to provide additional trail and greenway projects for children to recreate and to use as alternative transportation projects.

**Budget:**

Resources to Adopt-A-Trail Grant Program to fund trail and greenway projects across N.C.

.....\$1.5 million annually to N.C. Division of Parks and Recreation

**TOTAL: \$1.5 million annually**

## Category #6: Activities or Programs that Limit Children's Screen Time

**#22. The N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund and the N.C. Department of Public Instruction should include interventions that can limit or promote moderated screen time to increase physical activity, nutrition and other educational opportunities (as part of an overarching social marketing campaign) including:**

- A. implementing a statewide social marketing campaign (e.g., "Tame the Tube") targeting parents and teachers of school-age children, and**
- B. exploring partnerships with technology-based programs (e.g., digital interactive media) that can be used in schools, community settings and homes to promote physical activity and improved nutrition.**

### **Rationale/Overall Justification:**

Because the factors that contribute to childhood overweight interact with each other, it is not possible to specify one behavior as the "cause" of overweight. However, certain behaviors can be identified as potentially contributing to an energy imbalance and, consequently, to overweight. One such behavior is sedentary behavior due to time spent watching TV, videos, DVDs, and movies. The surgeon general reports that 43 percent of adolescents watch more than two hours of television each day. Several studies have found a positive association between the time spent viewing television and increased prevalence of overweight in children.<sup>29, 30, 31</sup>

In response to the problem of childhood obesity, the American Academy of Pediatrics (AAP) created guidelines for children regarding physical activity and screen time, which includes both watching television and playing video games. They recommend that children should limit total screen time to two hours a day.

Demonstrating their understanding of the need for a comprehensive community response in developing and implementing programs promoting active lifestyles, the video-game industry has made great strides in technology that can be used in the schools, community and home settings to promote physical activity and improved nutrition. Potential interventions to moderate screen time for children can be developed in collaboration with the video game industry and other partners. Some of the new video games burn more calories than walking on a treadmill, as reported last year by the American Academy of Pediatrics. Interventions to potentially decrease sedentary screen time for children include social marketing messages to raise awareness of the effects on children. These messages are included in the social marketing campaign priorities (Recommendation #2).

**Budget:** Social marketing expenses for "Tame the Tube" messages are included in the overall recommendation for a social marketing campaign.

**Appendix A:**

**North Carolina Task Force on Preventing Childhood Obesity  
Process and Meeting Agendas**

## North Carolina Task Force on Preventing Childhood Obesity

### Process

A series of three Task Force meetings were convened by Dr. Devlin and Chairman Lee:

- September 18, 2008: Current state activities addressing the prevention of childhood obesity in the N.C. Department of Health and Human Services, the N.C. Department of Public Instruction, and the N.C. Health and Wellness Trust Fund were reviewed.
- October 9, 2008: Draft recommendations were developed by Task Force members after presentations by the N.C. Institute of Medicine, the N.C. Department of Transportation, Active Living by Design, N.C. Recreation and Park Association, and other public comments. After this meeting, recommendations were expanded by the steering committee members based on discussion and a draft document was sent to Task Force members and other interested parties on November 7 for review prior to the third meeting.
- November 14, 2008: Task Force members responded to draft recommendations and voted on prioritization of recommendations. After the third meeting, the recommendations were updated by steering committee members based on Task Force comments and concerns. This document was sent to all Task Force members on December 2 for review and approval. Final comments were due from Task Force members on December 5 for compilation.

**Agenda from September 18, 2008 meeting**

**Task Force on Preventing Childhood Obesity**  
**Location: Heart Center Conference Center, WakeMed Campus, Raleigh**  
**September 18, 2008, 10:00 am - 3:00 pm**

**10:00 – 10:20**

**Welcome & Introductions**

---

**William Atkinson, PhD, MPH, MPA**  
President and CEO of WakeMed

**Co-Chairs:**

**Leah Devlin, DDS, MPH**  
State Health Director  
N.C. Department of Health and Human Services

**Howard N. Lee**  
Chairman, N.C. State Board of Education

**10:20-10:35**

***Eat Smart Move More N.C.'s Plan to Prevent Overweight, Obesity and Related Chronic Diseases, Goals and Objectives***

---

**Dave Gardner**  
Advocacy Committee Chair of ESMM Executive Committee

**10:35 – 11:00**

***North Carolina Initiatives to Prevent Childhood Obesity***

---

**Marcus Plescia**  
Section Chief, Chronic Disease and Injury  
Division of Public Health

**11:00 – 11:25**

**Vandana Shah**  
Executive Director  
N.C. Health and Wellness Trust Fund

**11:25 – 11:50**

**Paula Hudson Collins**  
Senior Policy Advisor for Healthy Responsible Students  
N.C. State Board of Education Office

**11:50-12:00**

***The Roles of the Obesity Task Force and Pilot Program Think Tank***

---

**Paula Hudson Collins**

**12:00-12:30**

***The Educator's Role in Addressing Childhood Obesity***

---

**J. Allen Queen**  
Professor and Former Chair of Educational Leadership, UN.C.C

**12:30 – 1:15**

**Lunch**

Meeting adjourned for Obesity Task Force Members at 1:15  
*Think Tank* Participants will Reconvene at 1:15 (agenda on back)

**Agenda for *Think Tank* for Childhood Obesity Pilot Program**

**September 18, 2008, 1:15 - 3:00 pm**

**1:15 – 1:45**

**Impacting Childhood Obesity**

**J. Allen Queen**

**Donald Schumacher, MD**

Co-founder and Medical Director of the Center for Nutrition and Preventive  
Medicine, Charlotte N.C.

**1:45 – 2:45**

**Group Discussion: Critical Components of School Obesity Prevention  
Programs**

**2:45 – 3:00**

**Closure and Next Steps**

**Agenda from October 9, 2008 meeting**

**Task Force on Preventing Childhood Obesity**  
**Location: Cardinal Room, Division of Public Health, 5605 Six Forks Rd, Raleigh**  
**October 9, 2008; 10:00 am - 3:00 pm**

**10:00 – 10:15**

**Welcome & Introductions; Co-Chairs**

**Leah Devlin, DDS, MPH**  
State Health Director  
N.C. Department of Health and Human Services

**Howard N. Lee**  
Chairman, N.C. State Board of Education

**10:15 - 11:00**

**Summary of N.C. IOM Prevention and Adolescent Task Force Activity  
Relating to Prevention of Childhood Obesity  
(Targeting Strategic Component # 1-3)**

**Pam Silberman**  
President and CEO of N.C. Institute of Medicine

**11:00 - 11:30**

**Panel Discussion: Master Plans for Pedestrian and Bikeway and Safe  
Places to Play  
(Targeting Strategic Component # 4-5)**

**Phillip Bors**  
Project Officer, Active Living by Design

**Thomas Norman**  
Division of Bicycle and Pedestrian Transportation, Department of  
Transportation (DOT)

**Mary Henderson**  
Director of Parks, Recreation and Cultural Resources, Cary N.C.  
Past President of N.C. Recreation and Parks Association

**11:30 - 12:30**

**Public Comment on the Development of the Strategic Plan**

**12:30 – 1:00**

**Lunch**

**1:00 - 1:15**

**Limiting Screen Time (Targeting Strategic Component # 6)**

**Sheree Vodicka**  
Healthy Weight Communications Manager, PAN Branch, DPH

**1:15 – 2:45**

**Discussion and Development of Draft Recommendations Related to Six  
Components of Strategic Plan**

**Marcus Plescia (moderator)**

**2:45 – 3:00**

**Concluding Remarks**

**Leah Devlin**

Next Meeting: Friday, November 14  
10am - 1pm, Cardinal Room, Division of Public Health, 5605 Six Forks Road

**Agenda from November 14, 2008 meeting**

**Task Force on Preventing Childhood Obesity**  
**Location: Cardinal Room, Division of Public Health, 5605 Six Forks Rd, Raleigh**  
**November 14, 2008; 10:00 am - 3:00 pm**

**10:00 - 10:15**

**Welcome**

---

**Co-Chairs**

**Leah Devlin, DDS, MPH**  
State Health Director  
N.C. Department of Health and Human Services

**Howard N. Lee**  
Chairman, N.C. State Board of Education

**10:15 - 10:30**

**Summary of Think Tank Committee**

---

**Paula Hudson Collins**

**10:30 - 10:45**

**Summary of Recommendation Drafting Process**

---

**Ruth Petersen**  
**Paula Collins**

**10:45 - 12:30**

**Presentation and Discussion of Obesity Task Force Recommendations by Topic**

---

Overarching Recommendations  
Healthier foods to students  
Foods in community and home  
Physical activity  
Bike and pedestrian pathways  
Safe places to play  
Screen time

---

**12:30 - 1:15**

**Lunch**

**1:15 - 2:45**

**Continued Discussion with Prioritization of Obesity Task Force Recommendations**

---

**2:45 - 3:00**

**Concluding Remarks**

---

**Leah Devlin**  
**Paula Collins**

**Appendix B:**  
**North Carolina's Obesity Data Summary and References**

## North Carolina's Obesity Data Summary and References

### Prevalence of Obesity and Complications

- In 2006, a total of 60.8 percent of N.C. adults (4 million) were overweight or obese
- In 2006, N.C. had the fifth highest rate of obese children in the nation.<sup>1,2</sup>
- Four of the 10 leading causes of death in the United States are related to obesity, including coronary heart disease, type 2 diabetes, stroke and several forms of cancer.
- Overweight and obesity also increase the severity of disease associated with hypertension, arthritis and other musculoskeletal problems.<sup>3</sup>
- Among children and youth, obesity is associated with an increased risk of high cholesterol, liver abnormalities, diabetes and becoming an overweight adult.<sup>4</sup>
- Obese children and youth can develop type 2 diabetes, high blood lipids, hypertension, asthma, sleep apnea, early maturation and orthopedic problems.
- This may be the first generation of children and youth in history to have a shorter life expectancy than their parents due to obesity-related health problems.<sup>5</sup>
- For ages 6-17, 16% were overweight, and another 16% were obese (combined 32% are overweight or obese), compared to 64% who were at a healthy weight.<sup>6</sup>

### Unhealthy Behaviors Lead to Obesity

- According to the 2006 Child Health Assessment and Monitoring Program (CHAMP) survey, one-third of N.C. parents surveyed (30.3%) reported that their child typically consumed one serving or less of vegetables per day.<sup>7</sup>
- Nearly 23 percent of children and youth and nearly 40 percent of adults got no leisure-time physical activity at all.<sup>8</sup>
- One in three N.C. parents (34.2%) reported that their child ate fast food two or more times per week,<sup>9</sup> and nearly 80% of adults and 85% of high school students ate less than five servings of fruits and vegetables each day, the minimum recommended for good health.<sup>10,11</sup>
- In 2006, half (49.9%) of N.C. parents reported that their child watched more than two hours of television on a typical day. Of these parents, almost one in ten (8.9%) reported that their child watched more than four hours of television a day.
- Nearly two-thirds (64.4%) of parents responding to the CHAMP survey stated that they were trying to encourage more physical activity and/or limit TV/video/computer game time for their child.<sup>12</sup>

### Costs of Obesity to the U.S. and N.C.

- Nationally, obesity-attributable medical expenditures are estimated at \$75 billion, with \$17 billion financed by Medicare and \$21 billion financed by Medicaid.<sup>13</sup>
- In 2003, six percent of N.C.'s healthcare expenses were related to obesity, which translated into over \$2 billion.<sup>14</sup>
- In 2003, the cost of obesity in N.C. youth was nearly \$16 million per year.<sup>15</sup>
- N.C. adults who were obese had costs 32% higher than those at a healthy weight.<sup>16</sup>
- The percent of state Medicaid expenditures attributable to obesity was nearly twice as high as for adults at a healthy weight and totaled \$662 million.<sup>17</sup>
- A 2005 study estimated the annual economic costs of unhealthy lifestyles in North Carolina at \$24.1 billion; with the risk factors of lack of physical activity costing \$9.1 billion; excess weight \$9.7 billion; type 2 diabetes \$3 billion; and inadequate fruit and vegetable consumption costing the state \$2.4 billion.<sup>18</sup>

- In 2004, overweight N.C. adolescents had Medicaid expenditures that were 33 percent higher than those for healthy-weight adolescents, and the obese group had expenditures that were 25 percent higher.<sup>19</sup>
- In a study of the impact of obesity on in-patient hospital charges, children and youth with a secondary diagnosis of obesity had mean charges significantly higher for all four of the most common pediatric conditions requiring hospitalization (asthma, pneumonia, affective disorders and appendicitis) than their healthy-weight counterparts. The mean increased charges ranged from \$523 to over \$3,000 per hospital stay, depending on the primary diagnosis.<sup>20</sup>

For more information on the Burden of Obesity in North Carolina, please visit:  
<http://www.eatsmartmovemorenc.com/ObesityInNC/ObesityInNC.html>

## References

- <sup>1</sup> North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Health Profile of North Carolinians: 2007 Update-May 2007. Available at: [www.schs.state.nc.us/SCHS/pdf/HealthProfile2007.pdf](http://www.schs.state.nc.us/SCHS/pdf/HealthProfile2007.pdf)
- <sup>2</sup> Trust for America's Health. F as in fat: how obesity policies are failing in America, 2007. Washington, DC: Trust for America's Health; 2007. [www.healthyamericans.org](http://www.healthyamericans.org). Accessed February 19, 2008.
- <sup>3</sup> U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: U.S. Department of Health and Human Services; 2001. Available from: [www.surgeongeneral.gov/topics/obesity/](http://www.surgeongeneral.gov/topics/obesity/).
- <sup>4</sup> Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998;101(3 Pt 2):518-25.
- <sup>5</sup> S. J. Olshansky and others, "A Potential Decline in Life Expectancy in the United States in the 21st Century," *New England Journal of Medicine* 352 (2005): 1135-37.
- <sup>6</sup> North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics., Raleigh NC.
- <sup>7</sup> North Carolina Child Health Assessment and Monitoring Program (CHAMP), State Center for Health Statistics. Available at: [www.schs.state.nc.us/SCHS/champ/results.html](http://www.schs.state.nc.us/SCHS/champ/results.html). Accessed on 11/13/2007
- <sup>8</sup> "A Nation at Risk—Childhood Obesity Sourcebook— (Physical activity levels among children aged 9–13 years — United States, 2002." *Morbidity and Mortality Weekly Report* 2003;52[33]:785-8, and "National Health Interview Survey." National Center for Health Statistics, 1999-2001.
- <sup>9</sup> North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Health Profile of North Carolinians: 2007 Update-May 2007. Available at: [www.schs.state.nc.us/SCHS/pdf/HealthProfile2007.pdf](http://www.schs.state.nc.us/SCHS/pdf/HealthProfile2007.pdf)
- <sup>10</sup> Data Source: North Carolina Child Health Assessment and Monitoring Program (CHAMP) Survey Data (2007): State Center for Health Statistics, State Center for Health Statistics. Available at: <http://www.schs.state.nc.us/SCHS>. Accessed on 9/3/2008.
- <sup>11</sup> State Center for Health Statistics. Department of Health and Human Resources, Division of Public Health. Services. Available at: [www.nchealthyschools.org/data/YRBSS/](http://www.nchealthyschools.org/data/YRBSS/) Accessed on 6/27/2007
- <sup>12</sup> North Carolina Child Health Assessment and Monitoring Program (CHAMP), State Center for Health Statistics. Available at: [www.schs.state.nc.us/SCHS/champ/results.html](http://www.schs.state.nc.us/SCHS/champ/results.html). Accessed on 11/13/2007
- <sup>13</sup> Finkelstein, EA, IC Fiebelkorn, & G Wang. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research* Vol. 12 No 1. January 2004. Available at: [www.obesityresearch.org/cgi/reprint/12/1/18.pdf](http://www.obesityresearch.org/cgi/reprint/12/1/18.pdf)
- <sup>14</sup> Finkelstein EA., Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res.* 2004; 12: 18-24.
- <sup>15</sup> Be Active North Carolina, Inc. The economic cost of unhealthy lifestyles in North Carolina. December 2005. Available at [www.beactivenc.org](http://www.beactivenc.org). Accessed on November 12, 2007.
- <sup>16</sup> Harris RT. The payer perspective: Blue Cross and Blue Shield of North Carolina's approach to the obesity epidemic. *NCMed J.* 2006; 67:313-316.

---

<sup>17</sup> Finkelstein, EA, IC Fiebelkorn, & G Wang. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. Obesity Research Vol. 12 No 1. January 2004. Available at: [www.obesityresearch.org/cgi/reprint/12/1/18/.pdf](http://www.obesityresearch.org/cgi/reprint/12/1/18/.pdf)

<sup>18</sup> Be Active North Carolina Report: The Economic Cost of Unhealthy Lifestyles in North Carolina. Available at: [www.beactivenc.org/mediacenter/Summary%20Report.pdf](http://www.beactivenc.org/mediacenter/Summary%20Report.pdf)

<sup>19</sup> Buescher PA, Whitmire JT, Plescia M. Relationship between body mass index and medical care expenditures for North Carolina adolescents enrolled in Medicaid in 2004. Prev Chronic Dis 2008;5(1). [www.cdc.gov/pcd/issues/2008/jan/06\\_0131.htm](http://www.cdc.gov/pcd/issues/2008/jan/06_0131.htm). Accessed [12/20/2007].

<sup>20</sup> Wollford SJ, Gebremariam A, Clark S and Davis MM. Incremental Hospital Charges Associated with Obesity as a Secondary Diagnosis in Children. Obesity 2007; 15: 1895-1901.

## Legislation Recommended by

### Task Force on Preventing Childhood Obesity (2009-2010)

Bill	Short Title/Description	Status
HB 899	<u><b>Limit Foods in School Vending Machines</b></u> Ensures that school vending machines contain only foods and beverages consistent with allowable contents pursuant to law.	Not Enacted
HB 900	<u><b>Nutrition Standards/All Foods Sold at School</b></u> Directs the SBE to establish nutrition standards for foods and beverages available in school operated vending machines, school stores, snack bars, fund-raisers and all other food sale operations on the school campus during the instructional day.	Not Enacted
HB 901	<u><b>Honors Courses in Health and Physical Education Classes</b></u> Directs the SBE to develop or identify academically rigorous honors-level courses in Health and physical education that can be offered at the high school level.	Not Enacted
HB 1120	<u><b>Funds for Adopt-A-Trail Program</b></u> Appropriates funds to expand the Adopt-A-Trail program, which provides grants to governmental agencies and non-profit organizations for trail and greenway planning, construction and maintenance projects.	Not Enacted
HB 1121	<u><b>Create Active Living Communities Commission</b></u> Creates an interagency leadership commission to develop plans to promote active, livable communities.	Referred to House Appropriations. Not included in final 2009 budget
HB 1128	<u><b>Funds for Healthful Living Coordinators</b></u> Appropriates funds for healthful living coordinators for the public schools.	Referred to House Appropriations. Not included in final 2009 budget
HB 1248 and HB 1468	<u><b>Funds/Community Care of NC Obesity Prevention Initiative</b></u> Appropriates funds to DHHS to support continuation of the Childhood Obesity Initiative of CCNC, including dissemination and use of already developed clinical initiatives aimed at obesity reduction for children and their families.	Referred to House Appropriations. Not included in final 2009 budget
HB 1273	<u><b>DHHS/Technical Assistance for Menu Labeling</b></u> Requires the Division of Public Health to collaborate with NC Prevention Partners and local restaurant associations to encourage nutritional and caloric menu labeling in restaurants.	Referred to House Appropriations. Not included in final 2009 budget
HB 1274	<u><b>Childhood Obesity/Common Metric Measures</b></u> Directs DHHS to determine if all state agencies that implement childhood obesity prevention strategies are using a common metrics method to ensure useful comparison for purposes of measuring progress.	Bill as introduced was not enacted. Bill was used as a vehicle for another topic
HB 1373	<u><b>Phase in Physical Education Requirements</b></u> Directs the SBE to adopt and phase in a required physical education program	Not Enacted

## Task Force on Preventing Childhood Obesity

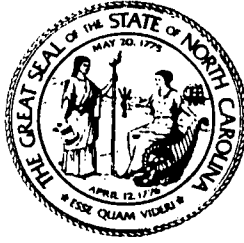
(continued)

HB 1467	<b><u>Funds/Technical Assistance/Healthy Lifestyle</u></b> Appropriates funds to DHHS and DPI to provide technical assistance in promoting healthy lifestyles.	Referred to House Appropriations. Not included in final 2009 budget
HB 1469	<b><u>Funds/Grants for Active Living Plans</u></b> Appropriates funds to DHHS to assist in the development and implementation of active living plans in communities.	Referred to House Appropriations. Not included in final 2009 budget
HB 1470	<b><u>Study Length of School Lunch Period</u></b> Directs SBE to study the length of the school lunch period across the state to determine whether students have adequate time for meals.	Not Enacted
HB 1472	<b><u>Healthy Eating/Physical Activity/Child Care</u></b> Directs DHHS under policies and rules of the NC Child Care Commission to assess the process and funding needed to incorporate healthy eating and physical activity practices as quality indicators in the 5-star rating system for licensing child care facilities.	Not Enacted
SB 273/ HB 387 and HB 1371	<b><u>School Nutrition Program Funds</u></b> Appropriates funds for the implementation of SBE-adopted nutrition standards in elementary schools.	Referred to House Appropriations. Not included in final 2009 budget
SB 977	<b><u>Obesity Prevention in the Public Schools</u></b> Omnibus bill. Contains several recommendations of the Task Force on Preventing Childhood Obesity.	Referred to Senate Health Care. Contains Appropriations but not included in final 2009 budget

### Enacted Legislation

HB 148/ SB 151	<b><u>Congestion Relief/Intermodal Transport Fund</u></b> Authorizes counties and transportation authorities the local option to hold a referendum to increase the sales and use tax for transit purposes, including bike and pedestrian paths.	S.L. 2009-527
HB 1471	<b><u>Counties and Schools Share PE Equipment</u></b> Directs the SBE to encourage local boards of education to enter into agreements with local governments and other entities regarding the joint use of their facilities for physical activity.	S.L. 2009-334

**NORTH CAROLINA GENERAL ASSEMBLY**



---

**TASK FORCE ON CHILDHOOD OBESITY**

---

**FINAL REPORT TO THE 2010  
REGULAR SESSION  
OF THE 2009  
GENERAL ASSEMBLY**

A LIMITED NUMBER OF COPIES OF THIS REPORT IS AVAILABLE  
FOR DISTRIBUTION THROUGH THE LEGISLATIVE LIBRARY.

ROOMS 2126, 2226  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27611  
TELEPHONE: (919) 733-7778

OR

ROOM 500  
LEGISLATIVE OFFICE BUILDING  
RALEIGH, NORTH CAROLINA 27603-5925  
TELEPHONE: (919) 733-9390

## TABLE OF CONTENTS

LETTER OF TRANSMITTAL.....	1
TASK FORCE MEMBERSHIP.....	2
AUTHORIZING LEGISLATION.....	3
TASK FORCE PROCEEDINGS .....	4
SUMMARY OF TASK FORCE PROCEEDINGS.....	7
TASK FORCE FINDINGS AND RECOMMENDATIONS.....	14
LEGISLATIVE PROPOSAL I – A BILL TO BE ENTITLED AN ACT TO DIRECT THE DIVISION OF SOCIAL SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXAMINE WAYS TO EXPAND AND ENHANCE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM IN NORTH CAROLINA, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.....	24
LEGISLATIVE PROPOSAL II – A BILL TO BE ENTITLED AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ISSUE A REQUEST FOR PROPOSALS TO FACILITATE ACCEPTANCE OF PAYMENTS BY ELECTRONIC FUNDS TRANSFER AT LOCAL FARMERS MARKETS, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....	25
LEGISLATIVE PROPOSAL III – A BILL TO BE ENTITLED AN ACT TO REQUIRE THE CHILD CARE COMMISSION, IN CONSULTATION WITH THE DIVISION OF CHILD DEVELOPMENT OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO DEVELOP IMPROVED NUTRITION STANDARDS FOR CHILD CARE FACILITIES, AND TO DIRECT THE DIVISION OF CHILD DEVELOPMENT TO STUDY AND RECOMMEND GUIDELINES FOR INCREASED LEVELS OF PHYSICAL ACTIVITY IN CHILD CARE FACILITIES, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....	26
LEGISLATIVE PROPOSAL IV – A BILL TO BE ENTITLED AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC INSTRUCTION TO USE A SPECIFIED AMOUNT OF CHILD NUTRITION PROGRAM FUNDS AS REQUIRED STATE MATCHING FUNDS FOR MEALS UNDER THE NATIONAL SCHOOL LUNCH PROGRAM, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....	28
LEGISLATIVE PROPOSAL V – A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC INSTRUCTION TO ELIMINATE THE COST OF REDUCED PRICE LUNCHES FOR SCHOOL CHILDREN WHO QUALIFY FOR REDUCED PRICE MEALS, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....	29

LEGISLATIVE PROPOSAL VI – A BILL TO BE ENTITLED AN ACT DIRECTING THE STATE BOARD OF EDUCATION TO UPDATE STATEWIDE NUTRITION STANDARDS FOR FOOD AND BEVERAGES AVAILABLE IN PUBLIC ELEMENTARY, MIDDLE AND HIGH SCHOOLS, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.....30

LEGISLATIVE PROPOSAL VII – A BILL TO BE ENTITLED AN ACT AUTHORIZING THE JOINT LEGISLATIVE PROGRAM EVALUATION OVERSIGHT COMMITTEE TO DIRECT THE PROGRAM EVALUATION DIVISION TO STUDY INDIRECT COSTS UNDER CHILD NUTRITION PROGRAMS, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....32

LEGISLATIVE PROPOSAL VIII – A BILL TO BE ENTITLED AN ACT TO ESTABLISH AN EMPLOYEE POSITION IN THE DEPARTMENT OF AGRICULTURE DEDICATED TO ADMINISTRATION AND OPERATION OF THE FARM TO SCHOOL PROGRAM AND TO REQUIRE THE DEPARTMENT TO REPORT ANNUALLY ON THE PROGRAM, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.....33

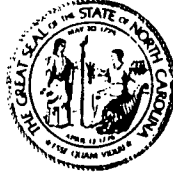
LEGISLATIVE PROPOSAL IX – A BILL TO BE ENTITLED AN ACT TO REQUIRE PUBLIC SCHOOLS TO USE EVIDENCE-BASED FITNESS TESTING FOR STUDENTS STATEWIDE IN GRADES K THROUGH 8, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....35

LEGISLATIVE PROPOSAL X – A BILL TO BE ENTITLED AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXPLORE WAYS TO IMPLEMENT BODY MASS INDEX SCREENING FOR CERTAIN CHILDREN WHO ARE AT RISK OF BECOMING OBESE AND TO REDUCE BODY MASS INDEX LEVELS FOR ALL CHILDREN, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.....36

LEGISLATIVE PROPOSAL XI – A BILL TO BE ENTITLED AN ACT TO REESTABLISH THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY .....38

APPENDIX I – FISCAL ANALYSIS FOR RECOMMENDATION #6.....39

STATE OF NORTH CAROLINA  
TASK FORCE ON CHILDHOOD OBESITY



April 19, 2010

TO THE MEMBERS OF THE 2010 REGULAR SESSION OF THE 2009 GENERAL ASSEMBLY:

Attached for your consideration is the report to the 2010 Regular Session of the 2009 General Assembly. This report was prepared by the Task Force on Childhood Obesity pursuant to Session Law 2009-574, Part XLIX of the 2009 General Assembly.

Respectfully submitted,

Handwritten signature of William R. Purcell in cursive.

Senator William Purcell  
Cochair

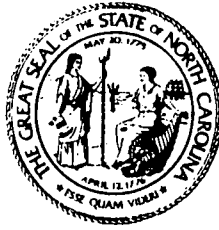
Handwritten signature of Douglas Yongue in cursive.

Representative Douglas Yongue  
Cochair

---

# TASK FORCE MEMBERSHIP

---



## Legislative Task Force on Childhood Obesity

### SENATE APPOINTMENTS

	Telephone / Office
• Sen. William Purcell, MD (Co-Chair)	733-5953 / 625 LOB
• Sen. Charlie Dannelly	733-5955 / 2010 LB
• Sen. Donald Davis	733-5621 / 525 LOB
• Sen. Jean Preston	733-5706 / 1121 LB
• Sen. Jerry W. Tillman	733-5870 / 628 LOB
• Sen. Michael Walters	733-5651 / 2108 LB
• Sen. Bob Atwater (Advisory Member)	715-3036 / 312A LOB

### HOUSE APPOINTMENTS

• Rep. Douglas Yongue, (Co-Chair)	733-5821 / 2207 LB
• Rep. Larry Brown	733-5607 / 609 LOB
• Rep. Bob England, MD	733-5749 / 303 LOB
• Rep. Robert Grady	715-9644 / 302 LOB
• Rep. Sandra Spaulding Hughes	733-5754 / 537 LOB
• Rep. Jennifer Weiss	715-3010 / 532 LOB
• Rep. Verla Insko (Advisory Member)	733-7208 / 307 B1 LOB

---

# AUTHORIZING LEGISLATION

---

## S.L. 2009-574, Part XLIX

**SECTION 49.1.** There is created the Legislative Task Force on Childhood Obesity.

**SECTION 49.2.** The Task Force shall consist of 12 members as follows:

- (1) Six members of the House of Representatives.
- (2) Six members of the Senate.

**SECTION 49.3.** The Speaker of the House of Representatives shall designate one Representative as cochair, and the President Pro Tempore of the Senate shall designate one Senator as cochair. Vacancies on the Task Force shall be filled by the same appointing authority that made the initial appointment. A quorum of the Task Force shall be a majority of its members.

**SECTION 49.4.** The Task Force shall include, but should not be limited to, study of issues relating to childhood obesity. In the course of the study, the Task Force shall consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through:

- (1) Early childhood intervention;
- (2) Childcare facilities;
- (3) Before and after-school programs;
- (4) Physical education and physical activity in schools;
- (5) Higher nutrition standards in schools;
- (6) Comprehensive nutrition education in schools;
- (7) Increased access to recreational activities for children;
- (8) Community initiatives and public awareness; and
- (9) Other means.

**SECTION 49.5.** The Task Force shall encourage input from public nonprofit organizations, promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**SECTION 49.6.** Members of the Task Force shall receive per diem, subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as appropriate. The Task Force, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Task Force may meet at anytime upon the joint call of the cochairs. The Task Force may meet in the Legislative Building or the Legislative Office Building.

With approval of the Legislative Services Commission, the Legislative Services Officer shall assign professional staff to assist the Task Force in its work. The House of Representatives' and the Senate's Directors of Legislative Assistants shall assign clerical staff to the Task Force, and the expenses relating to the clerical employees shall be borne by the Task Force. The Task Force may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02. If the Task Force hires a consultant, the consultant shall not be a State employee or a person currently under contract with the State to provide services.

All State departments and agencies and local governments and their subdivisions shall furnish the Task Force with any information in their possession or available to them.

**SECTION 49.7.** The Task Force shall submit a final report of the results of its study and its recommendations to the 2010 Regular Session of the 2009 General Assembly. The Task Force shall terminate on May 1, 2010, or upon the filing of its final report, whichever occurs first.

---

## TASK FORCE PROCEEDINGS

---

The Task Force on Childhood Obesity met 6 times from January 26, 2010 until April 19, 2010.

### January 26, 2010

Childhood Obesity Epidemic: Impact on Schools  
June Atkinson, State Superintendent

Childhood Obesity Epidemic: Impact on the Health System  
Maria Spaulding, Deputy Secretary, DHHS

Childhood Obesity Epidemic: Impact on the Health of Children  
Jeffrey Engel, NC State Health Director

Childhood Obesity Epidemic: Impact on the State's Economy  
David Chenoweth, Worksite Health Promotion Director  
Department of Health Education and Promotion, ECU

NC Obesity Prevention Funders Alliance  
Jennifer MacDougall, Blue Cross Blue Shield of NC Foundation  
Meka Sales, Duke Endowment

### February 2, 2010

Alice Ammerman, Ph.D. Director, Center for Health Promotion and Disease Prevention  
University of North Carolina

Sue Foerester, Chief, Network for a Healthy California – Webinar

Nancy Creamer, Ph.D. Professor, Department of Horticultural Science  
North Carolina State University

Daniel Rodriguez, Director, Carolina Transportation Program, University of North Carolina

Carolyn Dunn, Professor and Nutrition Specialist, North Carolina State University

Jimmy Newkirk, Manager, Physical Activity and Nutrition Branch, Division of Public Health

Emily Jackson, Appalachian Sustainable Food Project

Gary Gay, Director, Food Distribution Division, Department of Agriculture

**February 11, 2010**

Dr. Sara Benjamin, Assistant Professor, Department of Community and Family Medicine  
Duke University Medical Center

Jessica Donze Black, National Director, Healthy Schools Program  
Alliance for a Healthier Generation

Dr. Lynn Hoggard Harvey, Section Chief, Child Nutrition Services  
Division of School Support, NC Department of Public Instruction

Philip Price, Chief Financial Officer, NC Department of Public Instruction

Alice Lenihan, Director, Nutrition Services, NC Department of Health and Human Services

Margaret Samuels, Executive Director, Orange County Partnership for Young Children

Cindy Marion, Director, Child Nutrition Services, Stokes County  
Co-Chair, Public Policy Committee, School Nutrition Association of NC

Cynthia Sevier, Director, Child Nutrition Services, Guilford County  
Co-Chair, Public Policy Committee, School Nutrition Association of NC

Deborah Carpenter, Director, Child Nutrition Services, Hoke County  
President, School Nutrition Association of NC

**February 15, 2010**

Paula Card-Higginson, Deputy Director, Center on Childhood Obesity  
Robert Wood Johnson Foundation

Philip Bors, MPH, Project Officer, Active Living By Design & Healthy Kids  
Healthy Communities, NC Institute for Public Health

Dr. Kelly Evenson, PhD, Research Associate Professor  
Gillings School of Global Public Health, University of North Carolina

Dr. Elizabeth Tilson, MD, MPH, Medical Director  
Community Care of Wake and Johnston Counties

David Gardner, Section Chief, Healthy Schools, NC Department of Public Instruction

Tim Hardison, Program Director  
Moving Adolescents with Technology to Choose Health (MATCH)

Dr. Suzanne Lazorick, MD, Brody School of Medicine, East Carolina University

Col. Kevin Shwedo, Deputy Commanding Officer  
United States Army, Basic Combat Training Center, Center of Excellence

**February 23, 2010**

Kelly Johnston, Vice President - Government Affairs, Campbell's Soup Company

Butch Gunnells, President, North Carolina Beverage Association

Susan Havala Hobbs, Clinical Associate Professor  
Director, Doctoral Program in Health Leadership, UNC School of Public Health

Hank Cardello, Chair, Global Obesity Business Forum, UNC Chapel Hill

Roberta Friedman, Director of Policy, Rudd Center, Yale University

**April 19, 2010**

Discussion of the Findings and Recommendations in the Draft Report

---

## SUMMARY OF TASK FORCE PROCEEDINGS

---

The Task Force heard from the individuals listed below during the specified meeting dates.

### January 26, 2010

- June Atkinson, North Carolina Superintendent of Public Instruction, gave an overview of the impact of childhood obesity on North Carolina's local school administrative units (LEAs) and provided information on the Department of Public Instruction's (DPI) efforts to address the issues of childhood obesity.
- Paula Collins, Chief Health Officer, DPI, and Lynn Harvey, Director of Child Nutrition, DPI, presented information about the Child Nutrition Program, including the funding of this program, the nutrition standards that the State Board of Education has developed, and the State's Healthy Active Children policy. Collins and Harvey also provided information about the many efforts underway in North Carolina for obesity prevention and reduction of obesity related diseases.
- Maria Spaulding, Deputy Secretary, Department of Health and Human Services (DHHS), gave an overview of the impact of obesity on North Carolina's health care system and provided information on DHHS's efforts to address the issues of obesity. Spaulding spoke about the direct medical costs for obesity and the cost to employers, as well as highlighting various DHHS efforts to reduce and prevent obesity including Eat Smart, Move More NC and interagency collaboration.
- Dr. Jeffrey Engel, MD, State Health Director, North Carolina Division of Public Health, spoke to the Task Force about the impact of obesity on the health of children and adults in North Carolina. Dr. Engel presented data that showed a growing nationwide trend in obesity beginning in 1985 and indicated that no state has experienced a decrease in obesity for 16 years. In North Carolina 65.7% of adults are overweight or obese, above the national average, and 32.8% of North Carolina children ages 10-17 were overweight or obese in 2008. Dr. Engel provided information on the adverse health consequences due to obesity such as diabetes, heart disease, high blood pressure, and kidney disease and failure.
- David Chenoweth, PhD, Worksite Health Promotion Director, Department of Health Education and Promotion, East Carolina University and President, Chenoweth & Associates, Inc., presented information about the economic cost and implications of childhood obesity for North Carolina. He presented data from *Tipping the Scales: How obesity and unhealthy lifestyles have become a weighty problem for the North Carolina economy*, a 2008 report from BeActive North Carolina, Inc. The data indicated that physical inactivity, excess weight, type II diabetes, and low fruit and vegetable intake cost North Carolina billions of dollars per year.
- Jennifer MacDougall, Blue Cross Blue Shield of North Carolina Foundation, and Meka Sales, Duke Endowment, gave an overview of the North Carolina Obesity

Prevention Funders Alliance. The Alliance works to improve the health of children and their families by addressing the obesity epidemic.

**February 2, 2010**

- Dr. Alice Ammerman, Director of the Center for Health Promotion and Disease Prevention, UNC-Chapel Hill, spoke about a community based approach to dealing with childhood obesity. Dr. Ammerman reviewed a socio-ecological model of community change and suggested policy approaches that could be successful during difficult economic conditions, including protecting successful existing programs, using "stealth help" to change policies to promote healthier, more active lifestyles, leveraging available federal money for nutrition programs, and raising funds through excise taxes on soft drinks.
- Dr. Nancy Creamer, Professor, Department of Horticulture Science, NCSU, spoke about cultivating thriving communities and sustainable farms, and the work of the Center for Environmental Farm Systems. Dr. Creamer stated that the Center, which seeks to promote environmentally friendly farms that will provide economic opportunities for both rural and urban North Carolina, will release an action plan in March, part of which is geared toward obesity. Dr. Creamer also spoke about Farm to School programs across the country, as well as increasing locally grown food access through community gardens, urban farms, farmers markets, supermarkets and corner stores.
- Sue Foerester, Chief of the Network for a Healthy California, spoke by teleconference from California regarding information about that state's SNAP-Ed (Supplemental Nutrition Assistance Program Education) program. She was joined in the teleconference by fellow staff members Roseanne Stephenson, Chief of Operations, Valerie Quinn, head of Regional Operations, and Alicia Ghirardelli. Ms. Foerester identified the target population and Ms. Stephenson explained the funding sources for the program. Ms. Quinn spoke about the regional approach used by the program to reach partners for collaboration.
- Dr. Daniel Rodriguez, Director of the Carolina Transportation Program, UNC-CH, spoke about linking the built environment and health, and the importance of physical activity to reduce the problems of obesity. Dr. Rodriguez presented information on trends showing declines in physical activity and suggested that changes in local infrastructure, such as off-road trails, greenways, bikeways, and sidewalks could increase physical activities such as walking and cycling. Dr. Rodriguez concluded with policy recommendations for state and local entities to create an environment that encourages physical activity.
- Dr. Carolyn Dunn, Chair, Eat Smart, Move More Leadership Team, and Professor and Nutrition Specialist, NCSU, spoke about the work of Eat Smart, Move More North Carolina. Dr. Dunn spoke about factors which have contributed to the rise in childhood obesity and the need to create a series of policies involving nutrition and physical activity rather than seek a silver bullet approach. Dr. Dunn recommended the Centers for Disease Control community strategies and measures concerning obesity as an evidence base for obesity prevention measures.

- Jimmy Newkirk, Physical Activity and Nutrition Branch, NC Division of Public Health, provided information on the Eat Smart, Move More Community Grants awarded over the last decade. Mr. Newkirk also spoke about the grants awarded for the Childhood Obesity Prevention Demonstration Projects in 2008-2009 and the outcomes from those grants.
- Emily Jackson, Program Director – Growing Minds, Appalachian Sustainable Food Project and National Farm to School Network, provided information about the mission of both the Appalachian Sustainable Food Project and National Farm to School Network. Ms. Jackson spoke about the advantages of buying locally grown food and importance of exposure of children to the process of growing food. Ms. Jackson recommended steps for the Task Force to encourage Farm to School Programs and locally grown foods.
- Gary Gay, Director, Food Distribution Division, NC Department of Agriculture, gave the background and aims of the Farm to School Program in North Carolina, and provided information about the program's operation and participation by local school nutrition programs.

#### **February 11, 2010**

- Dr. Sara Benjamin, Department of Community and Family Medicine and Global Health Institute, Duke University Medical Center, discussed issues surrounding diet and physical activity of children in child care. Dr. Benjamin shared 10 model child care policies for healthy eating and 10 for physical activity, and provided information on the Nutrition and Physical Activity Self Assessment for Children Project which aims to increase consumption of fruits and vegetables and physical activity.
- Jessica Donze Black, National Director, Healthy Schools Program, Alliance for a Healthier Generation, presented information on the Healthy Schools Program that operates in 30 states including North Carolina. Ms. Black pointed out that research indicates good nutrition is linked to improved student behavior, lower absenteeism and reduced tardiness; eating breakfast at school is linked to greater test scores and math grades; and physical fitness levels predict better math performance and lower anxiety and stress levels. Ms. Black also presented information on the percentage of schools restricting the sale of less nutritious foods.
- Dr. Lynn Hoggard Harvey, Section Chief, Child Nutrition Services, Division of School Support, NC Department of Public Instruction, presented information on school nutrition programs. North Carolina has the 8<sup>th</sup> largest program in the nation, serves 1.8 million meals each day, and is available to all students. The Child Nutrition program is governed by federal regulations, 50% of NC students qualify for free or reduced price meals, and NC has the fifth fattest student body in the nation. From 1990-2003, the a la carte program experienced growth due to the profits made by the school and the increased appetite/demand for the items offered. Dr. Harvey pointed out that NC piloted the "Healthful School Food Choices Pilot Program" and found that food and production costs were higher, schools were not adequately equipped, districts lost 15 times the amount that was appropriated for the pilot in less than 5 months due to decreased a la carte sales, and that the anticipated

cost of implementing nutrition standards in elementary schools is \$20 million each year. Additional information provided by Dr. Harvey included the following: federal reimbursement does not cover the cost of preparing/serving the meal; there is a diminished profit margin for more healthful foods; breakfast and lunch participation decrease from elementary to high school; local board approved meal charge policies deny meals to students who do not have money in some NC school districts; and foods and beverages that are sold in competition with the Child Nutrition program erode the nutritional, operational, and financial integrity of the school meal program. Dr. Harvey offered six suggestions to solve the problems faced by the child nutrition program including: increased focus on the program, increased focus on offering affordable and nutritious meals, adequate funding, and requiring that food and beverage offerings be based on student health and well-being and not on profits.

- Philip Price, Chief Financial Officer, NC Department of Public Instruction, presented information on indirect costs which represent the expenses of doing business that are necessary for the general operation of the organization and not readily identified with a particular funding source or activity. Mr. Price described indirect cost rates, how they are determined, and the two types: restricted and nonrestricted. Indirect costs go to the Department of Public Instruction and local education agencies. For FY 2007-2008, collected indirect costs from the child nutrition program were \$31,416,316.99 and for FY 2008-09, they were \$27,763,310.16.
- Alice Lenihan, Director, Nutrition Services, NC Department of Health and Human Services, presented information on the origins and influences on childhood obesity, the Federal Nutrition Assistance Program, and opportunities for improvement. She pointed out that opportunities for improvement include breastfeeding promotion and protection, improving nutrition in schools and child care, and local wellness plans.
- Margaret Samuels, Executive Director, Orange County Partnership for Young Children, provided information on efforts to combat obesity which included community gardens and physical activity programs.
- The following three individuals spoke on behalf of the School Nutrition Association of NC: Cindy Marion, Director, Child Nutrition Services, Stokes County, Cynthia Sevier, Director, Child Nutrition Services, Guilford County, and Deborah Carpenter, Director, Child Nutrition Services, Hoke County. Revenues generated by Child Nutrition Programs are divided as follows: 45.5% labor and benefits, 43.6% food and supplies, 6% direct costs, 5% indirect costs. Currently 68 of 115 Child Nutrition Programs operate in the red financially.

**February 15, 2010**

- Paula Card-Higginson, Deputy Director of the Robert Wood Johnson Foundation, Center to Prevent Childhood Obesity, spoke about national trends in childhood obesity and presented information about specific state efforts to address childhood obesity. Ms. Card-Higginson provided information about legislation in Arkansas, the 2003 Child and Adolescent Obesity Initiative, and its impacts. Ms. Card-Higginson also spoke about the goals of the Robert Wood Johnson Foundation for reducing childhood obesity, and policy priorities at the federal, state, and local levels.
- Philip Bors, Project Officer, Active Living by Design & Healthy Kids, Healthy Communities, NC Institute for Public Health, and Dr. Kelly Evenson, Research Associate Professor, NC Institute for Public Health, spoke about physical activity and the built environment. They recommended increasing safe opportunities for active travel through means such as creating more walkable destinations, safer routes to and from schools, and safer routes in the community for walking and biking. They also recommended creating and maintaining parks, open spaces, mountain trails and greenways, and increasing safe opportunities for play and physical activity through shared uses of schools after hours and on weekends.
- Dr. Elizabeth Tilson, Medical Director, Community Care of Wake and Johnston Counties, provided information on Community Care of North Carolina (CCNC), its primary goals, and key program areas. Dr. Tilson spoke about the CCNC Childhood Obesity Initiatives that four networks have participated in since 2008. Dr. Tilson discussed the goals and results of the Initiatives, including clinical tools, co-located nutritionists, community links, case management, and fostering advocacy with other groups.
- David Gardner, Section Chief, Healthy Schools, NC Department of Public Instruction, spoke about the NC Healthy Schools program. Mr. Gardner discussed the Healthful Living Standard Course of Study for all grades, and provided specific information about the course of study for Physical Education and Health Education in elementary, middle, and high schools. Mr. Gardner spoke about the Healthy Active Children Policy of the State Board of Education and presented highlights from the report on implementation of that policy. Mr. Gardner also spoke about data collection, including the In-School Prevention of Disease (IsPod) program.
- Mr. Tim Hardison, Program Director, Moving Adolescents with Technology to Choose Health (MATCH), and Dr. Suzanne Lazorick, Brody School of Medicine, East Carolina University, spoke about the MATCH program, a seventh grade cross-curricular wellness instruction pilot. Mr. Hardison explained that MATCH was a behavior modification program which used incentive-based rewards based on personal goals, and was aligned with the NC Standard Course of Study and other national standards. Dr. Lazorick discussed the program evaluation and outcomes, and initial finding that the program appeared effective for obesity prevention and intervention with overweight students.
- Col. Kevin Shwedo, Deputy Commanding Officer, U.S. Army, Basic Combat Center, Center of Excellence, spoke about the impact of the increase in overweight/obesity rates and lack of fitness on military service. Col. Shwedo

discussed how this problem has created issues for military service by shrinking the pool of qualified individuals, reducing abilities to perform required tasks, increasing health care costs, causing more injuries, creating a higher risk of attaining related diseases, and increasing attrition. He spoke about specific Army strategies to address issues of fitness and obesity.

### February 23, 2010

- Kelly Johnston, Vice President for Governmental Affairs for the Campbell Soup Company, reported on the progress and developments of the Children's Food and Beverage Advertising Initiative (CFBAI), a group of 16 food manufacturers that have joined together to support the efforts of parents and schools in solving childhood obesity by shifting the mix of food products advertised primarily to children 12 and under to more nutrient dense products with fewer calories and lower fats, sodium and sugars. Mr. Johnston reported on the transition to science-based nutrition standards that guide CFBAI participants on what food products to advertise and provided information and specific examples about the reformulation, creation or enhancement of at least 130 food products. Next, he reviewed CFBAI's future goals, including stronger advertising commitments from members, expansion of the nutrition standards for child-directed advertising to more venues such as digital and mobile media, a review of relevant authoritative nutrition science developments, and a redefinition of "child-directed" advertising. Mr. Johnston concluded by discussing the \$4.1 million awarded by the Centers for Disease Control to New Jersey from 2008-2013 for its "Shaping NJ" initiative which is focused on policy and environmental changes to make the healthy choice the easy choice.
- Butch Gunnells, President of the North Carolina Beverage Association (NCBA), reported on the beverage industry's efforts to improve the beverage mix in public schools, reduce total calorie content in school beverages, and control beverage advertising directed at children. He noted NCBA's voluntary efforts to change school vending machine beverages and its unprecedented support of legislation passed in 2005 establishing statewide standards for vending machine beverages and snack foods sold in public schools. Then he reviewed the specific elementary, middle, and high school beverage standards and guidelines, which have successfully reduced the total amount of calories in school beverages and reduced the shipments of full calorie soft drinks to high schools. Mr. Gunnells reported that the results of a three-year audit of agreements between local education agencies and bottlers to implement these guidelines is due in March and should show substantial compliance. He concluded by emphasizing the "Let's Move" Campaign initiated by First Lady Michelle Obama and the NCBA's involvement in implementing the "Clear on Calories" initiative regarding product labels and vending and fountain machine displays.
- Suzanne Hobbs, Clinical Associate Professor and Director of the Doctoral Program in Program Leadership at UNC-Chapel Hill, who is also a registered dietician and columnist for the News & Observer, spoke from the perspective of a consumer advocate. Her presentation focused on the Institute of Medicine's recommendations for improving school lunches and she encouraged North Carolina to implement the

recommendations now rather than waiting for the federal government to adopt them in the form of regulations over the next three to five years. The recommendations include an increase in fruits and vegetables, substituting whole grains for half grains, requiring low or no fat milk and trans fat-free products, limiting sodium, and establishing a maximum calorie target. Next, she reviewed a national school food report card chart for 2007 which graded North Carolina a "D." Her suggestions for improving the State's report card focused on improved wellness policies, nutritional standards for foods available in schools and school fundraisers, mandatory menu labeling in restaurants, stronger marketing policies to limit junk-food advertising in school settings, and increases in soft drink taxes to generate revenues to fund programs addressing childhood obesity.

- Hank Cardello, Chair of the Global Obesity Business Forum at UNC-Chapel Hill, reviewed the work of the Task Force on Childhood Obesity and its examination of how the competing interests of the food and beverage industry, health advocates, and consumers is derailing the effort to solve the problem of obesity. He discussed the difficulty in changing consumer behavior and reviewed some industry initiatives to change consumer behavior and improve healthful eating, such as: portion-controlled packaging, special restaurant products for children's meals, reduced-sugar cereal initiatives, modifications to school vending machine programs, and limited advertising to children under age 12. Mr. Cardello also presented several public sector initiatives regarding healthy schools, increased physical activity, better availability of healthy foods in low-income areas, and legislation to mandate menu labeling, ban trans fats, and impose a soda tax. He emphasized that the overall focus must be on getting the industry, health advocates, and consumers to become invested in reducing calories.
- Roberta Friedman, Director of Public Policy for the Rudd Center for Food Policy and Obesity, Yale University, presented the Task Force with research done by the Center and others to make healthy eating and good nutrition the default, easy choice for school-aged children by implementing the following 5 policy recommendations: (1) Ban all advertising on school campuses; (2) ban all food and beverage ads; (3) ban ads for products not allowed for sale on campus; (4) ban sales of non-nutritional products; and (5) require exclusive contracts to disallow sales and ads. Ms. Friedman expressed the Center's support of a tax on all beverages with sugar based sweeteners, and not just soft drinks, in order to reduce consumption and generate tax revenues for obesity prevention. She also noted that the Center agrees with other research suggesting that schools are not healthy environments, and recommended that North Carolina pursue menu labeling to make caloric information available at drive thru lanes and other nutrition information available on restaurant premises, along with an anchor statement about the recommended daily caloric intake for an average adult.

#### **April 19, 2010**

- Lee Dixon, Task Force staff, reviewed the draft copy of the report. The Task Force discussed the proposed findings and recommendations. The Task Force moved to adopt, as amended, the Final Report to the 2010 General Assembly.

---

## FINDINGS AND RECOMMENDATIONS

---

### **Recommendation 1: Expand and Enhance Supplemental Nutrition Assistance Program (SNAP) Education**

The Task Force finds, as presented by Alice Ammerman, UNC Center for Health Promotion and Disease Prevention, that one way to increase support for obesity programs is by leveraging federal money in such programs as SNAP, the new name for the federal Food Stamp Program.

The Task Force also finds, as presented by Susan Foerster, Network for a Healthy California, that a SNAP-Ed program based on the following objectives has been successful in California: maximize impact by maintaining a strong infrastructure, grow the movement through regional collaboratives, and reach consumers through regionally delivered social marketing.

The Task Force recommends that the Department of Health and Human Services (DHHS) immediately seek the technical assistance available from the United States Department of Agriculture (USDA) and other states to make North Carolina's SNAP-Ed program the model for the South.

The Task Force recommends that the General Assembly enact legislation to direct the Department of Health and Human Services to do all of the following:

- Expand the definition and use of in-kind resources to draw down additional federal funds to expand the SNAP-Ed program in North Carolina;
- Develop a three-year plan to expand and enhance the SNAP-Ed program;
- Solicit SNAP-Ed proposals beginning in October 2010 for submission and funding of new local and state programs in April 2011. The proposals should be solicited from across the State and should emphasize social marketing techniques;
- Study the feasibility of placing the responsibility for the SNAP-Ed program at North Carolina State University and/or North Carolina A&T State University, the land grant institutions; and
- Report to the Legislative Task Force on Childhood Obesity by September 1, 2011.

**(Legislative Proposal I)**

### **Recommendation 2: Expand the Capacity of Farmers Markets to Accept Electronic Bank Transfer (EBT) Cards**

The Task Force finds, as presented by both Susan Foerster, Network for a Healthy California, and Emily Jackson, Appalachian Sustainable Food Project, that an effective way to provide access to healthy, fresh, and affordable foods is to enable farmers markets to process Electronic Bank Transfer (EBT) cards.

The Task Force finds, as presented by Nancy Creamer, NCSU Department of Horticultural Science, that 12 counties in North Carolina are equipped to process EBT cards at farmers markets.

The Task Force recommends that the General Assembly enact legislation to direct the Department of Health and Human Services to seek proposals from qualified vendors to facilitate North Carolina's farmers markets ability to accept EBT cards.

**(Legislative Proposal II)**

**Recommendation 3: Preschool Nutrition and Physical Activity**

The Task Force finds, as presented by Sara Benjamin, Duke University Medical Center's Department of Community and Family Medicine, that nearly three-fourths of children ages two to six years are in some form of child care. There is evidence to suggest that child care attendance does contribute to childhood obesity. Dr. Benjamin presented the Task Force with model child care policies on healthy eating and physical activity and with state rankings for healthy eating and physical activity regulations that gave North Carolina an overall grade C. Dr. Benjamin pointed out that Delaware, Alaska, and Massachusetts require a specific amount of time for physical activity in day care: 20-30 minutes for half-day care and 60 minutes for full-day care.

The Task Force recommends that the General Assembly enact legislation to direct the Division of Child Development to work with the Child Care Commission to include in the Child Care Rules all of the following:

- Sugar sweetened beverages shall not be served at Child Care Centers or Homes regulated by the Division of Child Development;
- Reduced fat milk (skim or 1%) shall be served to children older than two years of age at Child Care Centers or Homes regulated by the Division of Child Development; and
- Juice shall be limited to a total of four to six ounces per day for children over one year of age at Child Care Centers or Homes regulated by the Division of Child Development.

The Task Force also recommends that the General Assembly enact legislation to direct the Division of Child Development to examine the current levels of physical activity that children receive in child care facilities and review model physical activity guidelines. The Division of Child Development shall report on findings and recommendations for increasing physical activity levels in child care facilities, with a goal of reaching model guidelines, to the Legislative Task Force on Childhood Obesity if reestablished, to the Public Health Committee, and to the Fiscal Research Division.

**(Legislative Proposal III)**

The Task Force finds, as presented by Alice Lenihan, NC Department of Health and Human Services, that the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) provides meals and snacks to children and adults. The CACFP requirements are food based, not nutrient based, and are not required to meet Dietary Guidelines for Americans or to be updated regularly.

The Task Force strongly encourages the Division of Child Development and the Division of Public Health to work together to ensure that the regulations governing Child Care and the regulations governing CACFP are not in conflict and support the goal of significantly enhancing the nutrition standards governing facilities serving children.

**Recommendation 4: State Matching Funds for United States Department of Agriculture (USDA) Reimbursable School Meal Program**

The Task Force finds, as presented by Philip Price, NC Department of Public Instruction, that the amount of the State match to draw down federal funds is \$7.2 million dollars. Currently, \$5.2 million of this amount is used to fund Child Nutrition Directors at the local level.

The Task Force recommends that the entire \$7.2 million be spent on food and food preparation costs in the Child Nutrition Program rather than for Child Nutrition Directors.  
**(Legislative Proposal IV)**

**Recommendation 5: Reduced Price Meals**

The Task Force finds, as presented by Cindy Marion, Cynthia Sevier, and Deborah Carpenter, School Nutrition Association of North Carolina, that eliminating the reduced price meal category for school lunches would make free lunches available to a substantial number of additional children.

The Task Force recommends that the General Assembly appropriate \$5.2 million to eliminate reduced-price meals.  
**(Legislative Proposal V)**

**Recommendation 6: Statewide Nutrition Standards**

The Task Force finds, as presented by Dr. Lynn Harvey, Section Chief, Child Nutrition Services, NC Department of Public Instruction, that the State Board of Education adopted minimum nutrition standards as directed by law in 2006 for school meals, a la carte foods and beverages, and items served in the After School Snack Program, based on the federal Dietary Guidelines for Americans, but that time for implementation of these standards in schools has been extended.

The Task Force finds, as presented by Dr. Harvey, that the Healthful School Food Choices Pilot Program conducted during the 2004-2005 school year demonstrated that there were higher food and production costs for schools implementing higher nutrition standards.

The Task Force further finds that Dr. Harvey explained that competitive foods, foods that are sold or offered to students in competition with the Child Nutrition Program, erode the nutritional, operational, and financial integrity of the school meals program.

The Task Force recommends that the General Assembly enact legislation to require the following:

1. The State Board of Education shall review and revise current minimum nutrition standards to meet recognized national standards, such as those adopted by the Alliance for Healthier Generation and the National Academy of Sciences Institute of Medicine, for elementary, middle and high schools.
2. The revised minimum nutrition standards shall be implemented in elementary schools by 2011-2012, in middle schools by 2012-2013, and in high schools by 2013-2014.
3. Every three years, the State Board of Education shall review and update as necessary the minimum nutrition standards to align with nationally recognized standards. The State Board of Education shall also review and update standards as frequently as necessary to align with changes to federal law or the Dietary Guidelines for Americans.
4. The minimum nutrition standards for school meals, a la carte foods and beverages, and items served in the After School Snack Program shall also be applied to all other candy, snacks, food, and beverages sold or offered to students during the instructional day that are not part of a school or birthday celebration.
5. A public website shall be created to provide educational materials about the statewide nutrition standards and for concerned parents, students, teachers, and citizens to report possible inconsistencies in the implementation of the statewide nutrition guidelines.

**(Legislative Proposal VI)**

The Task Force recommends that funding to enable implementation of the minimum nutrition standards be provided beginning in 2011 to child nutrition programs in the form of a 5-cent per meal supplement over the first two years of implementation for elementary, middle and high schools, respectively, to offset higher costs of implementation and potential short-term decreases in revenue.

**(Appendix I)**

The Task Force recommends that an evaluation be conducted by the Program Evaluation Division of the North Carolina General Assembly at the conclusion of the 2012-2013 school year regarding the implementation of the statewide standards in elementary schools and the use of the 5-cent supplement to purchase foods that meet the standard, and similar evaluations of implementation at the middle school level in 2013-2014, and the high school level in 2014-2015.

The Task Force encourages organizations concerned with healthy eating in North Carolina, such as Eat Smart, Move More NC, the NC Health and Wellness Trust Fund, NC Prevention Partners, NC Alliance for Health, Healthy Carolinians, and local Parent-Teacher Associations and Wellness Committees, to incorporate into their ongoing social marketing campaigns activities to inform citizens across the state of the new statewide minimum child nutrition standards.

**Recommendation 7: Indirect Cost—School Nutrition Programs**

The Task Force finds, as presented by Cindy Marion, Deborah Carpenter, and Cynthia Sevier, with the School Nutrition Association of NC, that indirect costs of up to five percent (5%) of revenue generated by local child nutrition programs may be paid to school districts,

and that these costs may be assessed regardless of the operation balance held by local child nutrition programs. As explained by Philip Price, Associate State Superintendent for Financial and Business Services with the NC Department of Public Instruction (DPI), indirect costs are expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Mr. Price explained that DPI has been delegated the authority to approve indirect cost rates for local school administrative units (LEAs) based on a federally approved formula.

The Task Force finds that the School Nutrition Association of NC has requested that a statewide policy be adopted requiring that indirect costs cannot be assessed by an LEA from a child nutrition program until that program has achieved and sustained a three months operation balance. The Task Force finds that additional study of this issue is needed.

The Task Force recommends that the General Assembly enact legislation directing the Program Evaluation Division to include in their annual work plan for 2010 a study of the operation of the Child Nutrition Program, specifically the guidelines for assessing indirect cost rates for local child nutrition programs in LEAs, and the financial impact for LEAs and child nutrition programs of a policy requiring that indirect costs cannot be assessed by an LEA from a child nutrition program until that program has achieved and sustained a three months operation balance. The Program Evaluation Division shall report to the Task Force on Childhood Obesity on the results of its findings.

**(Legislative Proposal VII)**

#### **Recommendation 8: Farm to School Programs**

The Task Force finds, as presented by Emily Jackson with the Appalachian Sustainable Agriculture Project, that the Farm to School program plays a critical role in providing healthy fruits and vegetables to schools and serving as a market for locally grown produce. The Task Force also finds, as presented by Gary Gay, Director of Food Distribution with the NC Department of Agriculture, that the NC Farm to School program, which began in 1997, currently serves 75 school districts.

The Task Force recommends that the General Assembly enact legislation to establish a dedicated Farm to School position in the NC Department of Agriculture. The duties of this position shall include the following:

- Increase the educational components of the NC Farm to School program.
- Develop and maintain a list of farmers interested in selling to school systems.
- Encourage more school systems to participate in the NC Farm to School program.
- Expand the current efforts of participating school systems in the NC Farm to School program.
- Provide technical assistance to farmers on participation in the NC Farm to School program.
- Seek opportunities to standardize the small purchase threshold for Child Nutrition to facilitate school systems to buy from local farmers.
- Work with NC DPI to create NC Farm to School curriculum materials and/or revise existing materials to correlate with the NC Standard Course of Study.

- Collaborate with the NC Child Nutrition Program, NC Division of Public Health, and other groups working in the area of child nutrition.

**(Legislative Proposal VIII)**

The Task Force recommends that the General Assembly enact legislation requiring the NC Department of Agriculture to report annually on the NC Farm to School program, including information on participation rates, amount and types of produce purchased, education, and expansion efforts. The report shall be made to the Task Force on Childhood Obesity, the Joint Legislative Education Oversight Committee, the Joint Legislative Health Care Oversight Committee, the Chair of the House Committee on Agriculture, and the Chair of the Senate Committee on Agriculture, Environment and Natural Resources.

**(Legislative Proposal VIII)**

**Recommendation 9: Healthy School Cafeteria Program**

The Task Force finds, as presented by Dr. Lynn Harvey, Section Chief, Child Nutrition Services, NC Department of Public Instruction, that the Healthful School Food Choices Pilot Program conducted during the 2004-2005 school year demonstrated that inadequate equipment and decreased a la carte sales were difficulties faced by participating school nutrition programs, resulting in financial losses to those programs.

The Task Force also finds, as presented by Cindy Marion, Deborah Carpenter, and Cynthia Sevier, with the School Nutrition Association of NC, that Child Nutrition Directors report difficulties in meeting nutrition standards due to out of date equipment and pressures to increase a la carte sales to provide funding for the child nutrition programs.

If reauthorized, the Task Force will seek to meet with the Directors of the Golden Leaf Foundation, NC Health and Wellness Trust Fund, and the philanthropic foundations of the North Carolina Obesity Prevention Funders Alliance to recommend the establishment of a Healthy School Cafeteria Program, modeled after the successful efforts of the Bowers Foundation in Mississippi. The Program would establish a four-year effort to devote \$3.0 million each year (\$12 million total) to retrofitting school cafeterias and enriching nutrition personnel to process, cook, and serve healthy foods. Efforts would include Nutrition Integrity Grants, for new and replacement equipment, and Five-Star Food Grants, to train school nutrition personnel to present fresh fruit and vegetables in a manner that invites kids to select and eat.

**Recommendation 10: Physical Education and Activity in Schools**

The Task Force finds, as presented by Dr. June Atkinson, Superintendent of NC Public Schools, that current research demonstrates a parallel between healthy students and academic performance, and the need to encourage increased activity in students.

The Task Force finds, as presented by Dr. June Atkinson, Superintendent of NC Public Schools, that NC DPI has a current partnership with the North Carolina Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NCAAHPERD) to provide the In-School Prevention of Obesity and Disease (IsPOD) program. This program, which

targets students in grades K-8 has received \$3.5 million in funding from the Kate B. Reynolds Charitable Trust for a four-year funding cycle ending in 2012. Sixty-five LEAs and six charter schools have participated in IsPOD training, including conducting FITNESSGRAM testing which measures muscular strength, muscular endurance, flexibility, cardio-vascular endurance, and body mass index (BMI).

The Task Force recommends that the General Assembly enact legislation to mandate the use of evidence-based fitness testing for students statewide in all K through 8 schools by the 2011-2012 school year.

**(Legislative Proposal IX)**

**Recommendation 11: Explore BMI Screening for at-risk Medicaid and Health Choice Children and Collaborate to Decrease BMI Levels in Children and Youth**

During the meeting on January 26, 2010, the Task Force heard presentations on the epidemic of childhood obesity. The Task Force heard from: State Superintendent June Atkinson on the epidemic's impact on schools; Deputy Secretary Maria Spaulding, Department of Health and Human Services on the impact of obesity on the health system; Dr. Jeffrey Engel, NC State Health Director, on the epidemic's impact on children; and Dr. David Chenoweth, Department of Health Education and Promotion, East Carolina University, on the impact on the State's economy.

Dr. Engel pointed out that 65.7% of North Carolina adults are overweight or obese, 56% are not meeting the physical activity recommendation, and 78% are not meeting the fruits or vegetables recommendation. Dr. Engel reported that in 2008, 32.8% of NC children ages 10-17 were overweight or obese. A body mass index (BMI) chart for NC children ages 10-17 depicted the following: 15% obese, 18% overweight, 61% healthy weight, and 6% underweight. Dr. Engel pointed out that 53% of the premature deaths among North Carolinians are preventable. Adverse consequences due to obesity include the following chronic diseases: diabetes, heart disease, kidney disease and failure, cancer, asthma, and arthritis.

On February 15, the Task Force heard a presentation by Dr. Elizabeth Tilson, Medical Director, Community Care of Wake and Johnston Counties. Dr. Tilson presented an overview of Community Care of NC (CCNC); childhood obesity as it affects CCNC's role in managing health care costs; clinical issues for CCNC physicians; and the CCNC Childhood Obesity Initiative. Community Care of North Carolina (CCNC) consists of regional networks organized and operated by physicians, hospitals, health departments, and departments of social services with a goal of providing positively impacting health care quality, cost, and access for Medicaid recipients. The North Carolina Office of Rural Health and Community Care administers the CCNC program. Support for Community Care is provided through the Office of the Secretary and Division of Medical Assistance in the Department of Health and Human Services; the North Carolina Foundation for Advanced Health Programs; and grant funding from various sources. CCNC represents 14 networks and more than 3500 primary care physicians. As of February 2010, there were more than 985,000 Medicaid enrollees. Dr. Tilson discussed childhood obesity as it affects CCNC's role in improving quality and decreasing Medicaid costs. She pointed out the higher prevalence of childhood obesity in lower socio-economic populations and the concurrent

co-morbidities and future co-morbidities. Dr. Tilson shared the following information regarding a grant funded program to address childhood obesity: participating networks, program elements, year 1 goals and results, year two goals, clinical tools, and piloting a co-located nutritionist in a primary care practice.

The Task Force desires to reverse North Carolina's trend toward obesity by focusing on identifying and addressing the issue with our children and youth. The Task Force also realizes that chronic diseases resulting from obesity are costly to the State when treated under State supported program like Medicaid.

The Task Force recommends that the General Assembly direct the Department of Health and Human Services (DHHS) to explore the possibility of requiring Community Care of North Carolina (CCNC) to implement body mass index (BMI) screening for children participating in Medicaid or the Health Choice for Children Program, who are at risk of becoming obese and developing diabetes or other chronic diseases; and to require CCNC networks to collaborate with local health departments, county departments of social services, Eat Smart Move More Coalitions, and local education agencies on ways to decrease BMI levels in children and youth. The plans developed by DHHS must include establishing performance goals within each CCNC network which will include: 1) Care management for children at-risk; and 2) annual BMI testing to identify the percentage of children who have a BMI test and the percentage of children who have a decrease in the BMI. The Department of Health and Human Services must ensure the privacy and integrity of information collected. Additionally, in the development of a plan to collect BMI, DHHS should explore data collection through programs like Fitnessgram, a fitness assessment and reporting program for youth that includes health-related physical fitness tests to assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition.

**(Legislative Proposal X)**

### **Recommendation 12: Encourage Children to Walk to School and Encourage Collaboration to Develop Healthy Environments**

On February 2, the Task Force heard a presentation by Dr. Daniel Rodriguez, Associate Professor, University of North Carolina – Chapel Hill, on linking the built environment and health. The presentation pointed out the connection between investments in local infrastructure and the increase in physical activity. Dr. Rodriguez pointed out that in a review of 16 studies, having sidewalks resulted in a 20% increase in the likelihood that people would be more physically active. Additionally, Dr. Rodriguez gave a breakdown of the \$15 million in federal funding NC has received for the Safe Routes To School program. During the presentation on February 15, 2010, Paula Card-Higginson, Deputy Director, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, suggested that federal policy opportunities in the transportation area may be one way to address childhood obesity. She also mentioned the Institute of Medicine and Centers for Disease Control recommended strategies to increase physical activity by improving safety and security of streets and park use, especially in higher-crime neighborhoods.

Also during the above meeting, the Task Force heard a presentation with information from Philip Bors and Kelly Evenson on, "Preventing Childhood Obesity: Physical Activity Effective Policies and Built Environment Strategies." Information was shared with the Task

Force on what was happening in other states. According to the presentation, in 2007, 60% of North Carolina adults reported they would increase their physical activity if their community had more accessible sidewalks or trails for walking or bicycling (63% Eastern NC, 59% Piedmont, 53% Western NC). The presenter highlighted the following six goals:

- More walkable destinations,
- Safer routes to/from school,
- Safer routes in the community,
- Create and maintain parks and open space,
- Create and maintain trails and greenways,
- Shared use of schools after hours/weekends.

For the goal of safer routes to/from school, the presenter outlined federal funding North Carolina has received for Safe Routes to School. Also highlighted were NC's Complete Streets Policy and pedestrian and bicycle plans to promote safer routes in the community. The Complete Streets Policy requires Department of Transportation planners and designers to consider and incorporate multimodal alternatives in the design and improvement of all appropriate transportation projects within a growth area of a town or city unless exceptional circumstances exist.

The Task Force supports the activities that have already taken place in NC to encourage development and use of safe routes as a means to increase physical activity.

The Task Force recommends the Department of Transportation continue development of the Safe Routes to School program, continue to pursue federal funding opportunities, and to make efficient and effective use of this funding to ensure sufficient mechanisms are in place to encourage children to walk to school.

The Task Force supports the Complete Streets efforts of the Department of Transportation and recommends collaboration between the Department of Transportation and the Department of Health and Human Services to create healthy environments in North Carolina.

### **Recommendation 13: Support for Restaurant Menu Labeling**

The meeting on February 2 focused on "Active Living and Nutritious Food in the Community." The Task Force heard from numerous presenters who discussed how difficult it is to make informed food choices when restaurants don't have nutrition information available on the various menu choices. On February 23, the Task Force heard from the food industry and from individuals that discussed food industry packaging and the impact this has on obesity. These presentations also highlighted the availability of nutrition information for food and beverages. The Task Force acknowledges the difficulty in making nutritious food selection when nutrition information is not available and expresses support for restaurant menu labeling.

On April 19, Lee Dixon, Task Force staff, provided an overview of changes due to enactment of the following federal Acts: Patient Protection and Affordable Care Act (HR 3590) and Health Care and Education Affordability Act of 2010 (HR 4872). Mr. Dixon discussed the impact of these Acts on menu labeling.

The Task Force expresses support for restaurant menu labeling.

**Recommendation 14: Continue the Task Force on Childhood Obesity**

S.L. 2009-574, Part XLIX, created the Legislative Task Force on Childhood Obesity and provided that the Task Force would terminate on May 1, 2010, or upon the filing of its final report, whichever occurs first. The Task Force believes that there is still much work to be done to address the issue of childhood obesity in North Carolina.

The Task Force recommends the General Assembly enact legislation to continue the Task Force on Childhood Obesity.

**(Legislative Proposal XI)**

**Recommendation 15: Support for State Employees that Breastfeed**

The Task Force heard a presentation from Alice Lenihan, Branch Head for Nutrition Services, Division of Public Health, Department of Health and Human Services. Ms. Lenihan's presentation provided information on the origins of childhood obesity and factors that influence whether a child may become obese. Prenatal influences on childhood obesity include the mother's pre-pregnancy weight and pregnancy weight gain. Influences on childhood obesity in infancy include whether the infant was breastfed or formula fed.

As part of her presentation, Ms. Lenihan described two scenarios in which a mother receives breastfeeding information and is encouraged to try it and one in which the mother is not encouraged and supported in breastfeeding. In the scenario in which a mother breastfeeds her infant, the outcomes for both the mother and the child were better. The breastfed infant fed on demand and at the six month mark was within a normal weight and height percentile. The mother that breastfed received education on her nutritional demands as a breastfeeding mother, so she ate healthier. The breastfeeding mother also experienced greater postpartum weight loss which is often a benefit of breastfeeding. In the scenario where the mother fed her child formula, she did not experience a postpartum weight loss due to breastfeeding and eating healthier and the bottle fed infant started on solid foods earlier and was overweight at the six month point. One of the best practice opportunities that Ms. Lenihan recommended for North Carolina was breastfeeding promotion and protection.

Because of the health benefits to infants and to mothers, the Task Force encourages the State Personnel Commission to support State employees that decide to breastfeed.

LEGISLATIVE PROPOSAL I

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

S

D

BILL DRAFT 2009-MGz-92 [v.12] (04/12)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/20/2010 11:07:09 AM

Short Title: Supplemental Nutrition Assistance Program. (Public)

Sponsors: Senator Purcell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DIVISION OF SOCIAL SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXAMINE WAYS TO EXPAND AND ENHANCE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM IN NORTH CAROLINA, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.** The Department of Health and Human Services, Division of Social Services, shall examine and recommend ways to expand and enhance Supplemental Nutrition Assistance Program Education (SNAP-Ed Program) in this State. The recommendations shall include all of the following:

(1) An expanded definition and use of in-kind resources in order to draw down additional federal funds to expand the SNAP-Ed Program in North Carolina.

(2) A three-year plan to expand and enhance the SNAP-Ed Program.

(3) A determination as to the feasibility of placing the responsibility for the SNAP-Ed Program at North Carolina State University or North Carolina A&T State University, or both.

Not later than September 1, 2011, the Department shall report its findings and recommendations on the directives outlined in subdivisions (1) through (3) of this section to the Legislative Task Force on Childhood Obesity, if reestablished for the 2011-2012 Session, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 2.** Beginning in October 2010, the Department shall solicit proposals from nonprofit organizations across the state for the development and implementation by April 2011 of new local and State programs that emphasize social marketing techniques to educate consumers about nutrition, physical activity, and obesity prevention.

**SECTION 3.** This act is effective when it becomes law.

LEGISLATIVE PROPOSAL II

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

S

D

BILL DRAFT 2009-MGz-101 [v.6] (04/14)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/15/2010 4:37:58 PM

Short Title: Electronic Funds Transfers/Farmers Markets.

(Public)

---

Sponsors: Senator Purcell.

---

Referred to:

---

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN  
2 SERVICES TO ISSUE A REQUEST FOR PROPOSALS TO FACILITATE  
3 ACCEPTANCE OF PAYMENTS BY ELECTRONIC FUNDS TRANSFER AT  
4 LOCAL FARMERS MARKETS, AS RECOMMENDED BY THE LEGISLATIVE  
5 TASK FORCE ON CHILDHOOD OBESITY.  
6

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** Of the funds appropriated to the Department of Health and  
9 Human Services, Division of Social Services, for the 2010-2011 fiscal year, the sum of  
10 two hundred thousand dollars (\$200,000) shall be used by the Department to issue a  
11 request for proposals from qualified vendors to facilitate the ability of local farmers  
12 markets to accept payments by electronic funds transfer.

13 **SECTION 2.** This act becomes effective July 1, 2010.

LEGISLATIVE PROPOSAL III

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

S

D

BILL DRAFT 2009-MGz-96 [v.8] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/20/2010 1:36:03 PM

Short Title: Improve Child Care Nutrition/Activity Stnds. (Public)

Sponsors: Senator Purcell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE CHILD CARE COMMISSION, IN CONSULTATION WITH THE DIVISION OF CHILD DEVELOPMENT OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO DEVELOP IMPROVED NUTRITION STANDARDS FOR CHILD CARE FACILITIES, AND TO DIRECT THE DIVISION OF CHILD DEVELOPMENT TO STUDY AND RECOMMEND GUIDELINES FOR INCREASED LEVELS OF PHYSICAL ACTIVITY IN CHILD CARE FACILITIES, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.** G.S. 110-91(2) reads as rewritten:

"(2) Health-Related Activities. – The Commission shall adopt rules for child care facilities to ensure that all children receive nutritious food and beverages according to their developmental needs. ~~After consultation with the State Health Director, The Commission shall consult with the Division of Child Development of the Department of Health and Human Services to develop~~ nutrition standards shall to provide for requirements appropriate for children of different ages. The nutrition standards shall include all of the following:

- a. A prohibition against serving sugar sweetened beverages to children of any age.
- b. A requirement to serve reduced fat milk to children older than two years of age.
- c. A prohibition against serving more than four to six ounces of juice per day to children over one year of age.

Each child care facility shall have a rest period for each child in care after lunch or at some other appropriate time and arrange for each child in care to be out-of-doors each day if weather conditions permit."

LEGISLATIVE PROPOSAL III

1           **SECTION 2.** The Department of Health and Human Services, Division of  
2 Child Development, shall examine the current levels of physical activity children  
3 receive in child care facilities and review model physical activity guidelines. Not later  
4 than September 1, 2011, the Division shall report its findings and recommendations for  
5 increasing physical activity levels in child care facilities, with a goal of reaching model  
6 guidelines, to the Legislative Task Force on Childhood Obesity if reestablished for the  
7 2011-2012 Session, to the Public Health Committee, and to the Fiscal Research  
8 Division.

9           **SECTION 3.** This act is effective when it becomes law.  
10

LEGISLATIVE PROPOSAL IV

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-MGz-97 [v.9] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/15/2010 4:40:46 PM

Short Title: National School Lunch Program/Funds. (Public)

---

Sponsors: Representative Yongue.

---

Referred to:

---

1 A BILL TO BE ENTITLED

2 AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC INSTRUCTION TO USE  
3 A SPECIFIED AMOUNT OF CHILD NUTRITION PROGRAM FUNDS AS  
4 REQUIRED STATE MATCHING FUNDS FOR MEALS UNDER THE  
5 NATIONAL SCHOOL LUNCH PROGRAM, AS RECOMMENDED BY THE  
6 LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. Of the funds appropriated to the Department of Public  
9 Instruction for the Child Nutrition Program for the 2010-2011 fiscal year, the sum of  
10 five million two hundred thousand dollars (\$5,200,000) shall be used as State matching  
11 funds necessary to draw down federal funds for school meals under the United States  
12 Department of Agriculture National School Lunch Program. These funds shall be used  
13 only for food and food preparation costs in the Child Nutrition Program.

14 SECTION 2. This act becomes effective July 1, 2010.

LEGISLATIVE PROPOSAL V

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-MGz-98 [v.3] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/13/2010 2:54:22 PM

Short Title: Eliminate Reduced Price School Meals/Funds. (Public)

Sponsors: Representative Yongue.

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC  
2 INSTRUCTION TO ELIMINATE THE COST OF REDUCED PRICE LUNCHES  
3 FOR SCHOOL CHILDREN WHO QUALIFY FOR REDUCED PRICE MEALS,  
4 AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON  
5 CHILDHOOD OBESITY.  
6

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** There is appropriated from the General Fund to the  
9 Department of Public Instruction the sum of five million two hundred thousand dollars  
10 (\$5,200,000) for the Child Nutrition Program for the 2010-2011 fiscal year. These  
11 funds shall be used to eliminate the cost of reduced price school lunches for children  
12 who qualify for reduced price meals.

13 **SECTION 2.** This act becomes effective July 1, 2010.

LEGISLATIVE PROPOSAL VI

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

S

D

BILL DRAFT 2009-MGz-102 [v.5] (04/14)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/20/2010 10:59:21 AM

Short Title: Update Statewide Nutrition Standards.

(Public)

Sponsors: Senator Purcell.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT DIRECTING THE STATE BOARD OF EDUCATION TO UPDATE  
3 STATEWIDE NUTRITION STANDARDS FOR FOOD AND BEVERAGES  
4 AVAILABLE IN PUBLIC ELEMENTARY, MIDDLE AND HIGH SCHOOLS, AS  
5 RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD  
6 OBESITY.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. G.S. 115C-264.3 reads as rewritten:

9 "§ 115C-264.3. **Child Nutrition Program standards.**

10 (a) The State Board of Education, in direct consultation with a cross section of  
11 local directors of child nutrition services, shall establish statewide nutrition standards  
12 that meet recognized national standards adopted by the Alliance for a Healthier  
13 Generation or the National Academy of Sciences, Institute of Medicine by December  
14 2010. The statewide nutrition standards apply to all of the following:

- 15 (1) School meals.  
16 (2) A la carte foods and beverages.  
17 (3) Items served in the After School Snack Program administered by the  
18 Department of Public Instruction and child nutrition programs of local  
19 school administrative units.  
20 (4) All other candy, snack, food, and beverage items sold or offered to  
21 students on school property during the instructional day, except for  
22 items offered to students as part of a school or birthday celebration.

23 The statewide nutrition standards shall be implemented in elementary schools  
24 by the end of the 2011-2012 school year, in middle schools by the end of the 2012-2013  
25 school year, and in high schools by the end of the 2013-2014 school year.~~for school~~  
26 ~~meals, a la carte foods and beverages, and items served in the After School Snack~~  
27 ~~Program administered by the Department of Public Instruction and child nutrition~~  
28 ~~programs of local school administrative units. The nutrition standards will promote~~

LEGISLATIVE PROPOSAL VI

1 ~~gradual changes to increase fruits and vegetables, increase whole grain products, and~~  
2 ~~decrease foods high in total fat, trans fat, saturated fat, and sugar. The nutrition~~  
3 ~~standards adopted by the State Board of Education shall be implemented initially in~~  
4 ~~elementary schools. All elementary schools shall achieve a basic level by the end of the~~  
5 ~~2009-2010 school year, followed by middle schools and then high schools.~~

6 (b) Beginning with the 2013-2014 school year, and every three years thereafter,  
7 the State Board of Education shall review and, as necessary, update statewide nutrition  
8 standards to align with nationally recognized nutrition standards. The State Board of  
9 Education shall also update nutrition standards as frequently as necessary to align with  
10 changes to federal law or the Dietary Guidelines for Americans published by the United  
11 States Departments of Health and Human Services and Agriculture.

12 (c) The State Board of Education shall make available free of charge to the  
13 general public on its Internet Web site educational information about statewide nutrition  
14 standards and a system for reporting possible inconsistencies in the implementation of  
15 statewide nutrition standards."

16 **SECTION 2.** This act is effective when it becomes law.  
17

LEGISLATIVE PROPOSAL VII

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

S

D

BILL DRAFT 2009-MGz-99 [v.3] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/15/2010 11:11:29 AM

Short Title: Study Child Nutrition Program.

(Public)

---

Sponsors: Senator Purcell.

---

Referred to:

---

1 A BILL TO BE ENTITLED

2 AN ACT AUTHORIZING THE JOINT LEGISLATIVE PROGRAM EVALUATION  
3 OVERSIGHT COMMITTEE TO DIRECT THE PROGRAM EVALUATION  
4 DIVISION TO STUDY INDIRECT COSTS UNDER CHILD NUTRITION  
5 PROGRAMS, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON  
6 CHILDHOOD OBESITY.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.(a)** The Joint Legislative Program Evaluation Oversight  
9 Committee shall include in the 2010 Work Plan for the Program Evaluation Division of  
10 the General Assembly a study of the operation of the Child Nutrition Program. The  
11 Division shall examine (i) the guidelines for assessing indirect costs to local child  
12 nutrition programs in local school administrative units and (ii) the financial impact upon  
13 local child nutrition programs and local school administrative units of a policy  
14 prohibiting the assessment of indirect costs to a child nutrition program until that  
15 program has achieved and sustained a three-month operating balance.

16 **SECTION 1.(b)** The Program Evaluation Division shall submit its findings  
17 and recommendations to the Joint Legislative Program Evaluation Oversight  
18 Committee, to the Legislative Task Force on Childhood Obesity, if reestablished for the  
19 2011-2012 Session, and to the Fiscal Research Division at a date to be determined by  
20 the Joint Legislative Program Evaluation Oversight Committee.

21 **SECTION 2.** This act is effective when it becomes law.

LEGISLATIVE PROPOSAL VIII

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-LNz-194 [v.5] (04/15)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2010 10:44:01 AM

Short Title: Farm to School Program/Funds. (Public)

Sponsors: Representative Yongue.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO ESTABLISH AN EMPLOYEE POSITION IN THE DEPARTMENT OF  
3 AGRICULTURE DEDICATED TO ADMINISTRATION AND OPERATION OF  
4 THE FARM TO SCHOOL PROGRAM AND TO REQUIRE THE DEPARTMENT  
5 TO REPORT ANNUALLY ON THE PROGRAM, AS RECOMMENDED BY THE  
6 LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.

7 The General Assembly of North Carolina enacts:

8 SECTION 1.(a) There is appropriated from the General Fund to the North  
9 Carolina Department of Agriculture the sum of sixty-five thousand dollars (\$65,000) for  
10 the 2010-2011 fiscal year. These funds shall be used to establish a position in the  
11 Department dedicated to the administration and operation of the Farm to School  
12 Program. Duties of the position shall include:

- 13 (1) Increasing the educational components of the Farm to School Program.
- 14 (2) Developing and maintaining a list of farmers interested in selling farm  
15 products to school systems in this State.
- 16 (3) Encouraging more school systems to participate in the Farm to School  
17 Program.
- 18 (4) Expanding the current efforts of participating school systems in the  
19 Farm to School Program.
- 20 (5) Providing technical assistance to farmers on participation in the Farm  
21 to School Program.
- 22 (6) Seeking opportunities to standardize the small purchase threshold for  
23 child nutrition programs to facilitate the purchase by school systems of  
24 farm products from local farmers.
- 25 (7) Working with the Department of Public Instruction to create Farm to  
26 School Program curriculum materials or to revise existing materials to  
27 correlate with the North Carolina Standard Course of Study.

LEGISLATIVE PROPOSAL VIII

1           (8) Collaborating with the Child Nutrition Program, the Department of  
2           Health and Human Services, Division of Health Services, and other  
3           groups working in the area of child nutrition.

4           **SECTION 1.(b)** The Department of Agriculture shall report annually on the  
5 Farm to School Program, including information on participation rates, amount and types  
6 of produce purchased, education and expansion efforts. The Department shall report to  
7 the Task Force on Childhood Obesity, the Joint Legislative Education Oversight  
8 Committee, the Joint Legislative Health Care Oversight Committee, the Chair of the  
9 House Committee on Agriculture, and the Chair of the Senate Committee on  
10 Agriculture, Environment, and Natural resources.

11           **SECTION 2.** This act becomes effective July 1, 2010.

LEGISLATIVE PROPOSAL IX

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-LNz-195 [v.4] (04/15)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2010 10:38:06 AM

Short Title: Physical Education and Activity in Schools.

(Public)

Sponsors: Representative Yongue.

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE PUBLIC SCHOOLS TO USE EVIDENCE-BASED FITNESS  
2 TESTING FOR STUDENTS STATEWIDE IN GRADES K THROUGH 8, AS  
3 RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD  
4 OBESITY.  
5

6 The General Assembly of North Carolina enacts:

7 SECTION 1. Part 1 of Article 8 of Chapter 115C of the General Statutes is  
8 amended by adding the following new section to read:

9 "§ 115C-81.5. Fitness testing.

10 The State Board of Education shall require the use of evidence-based fitness testing  
11 for students statewide in grades K through 8."

12 SECTION 2. This act is effective when it becomes law. Implementation of  
13 the testing required in Section 1 of this act shall begin with the 2010-2011 school year.  
14

LEGISLATIVE PROPOSAL X

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-MGz-94 [v.6] (4/12)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/15/2010 4:29:46 PM

Short Title: Screen And Reduce BMI Levels In Children.

(Public)

Sponsors: Representative Yongue.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXPLORE WAYS TO IMPLEMENT BODY MASS INDEX SCREENING FOR CERTAIN CHILDREN WHO ARE AT RISK OF BECOMING OBESE AND TO REDUCE BODY MASS INDEX LEVELS FOR ALL CHILDREN, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** The Department of Health and Human Services, Division of Medical Assistance, shall explore the feasibility of requiring Community Care of North Carolina (CCNC) to implement body mass index (BMI) screening for children at risk of becoming obese and developing diabetes or other chronic diseases, who are receiving Medicaid or participating in the North Carolina Health Choice for Children Program.

**SECTION 1.(b)** As part of its exploration into the feasibility of requiring BMI screening pursuant to subsection (a) of this section, the Department shall work towards the development of each of the following items:

- (1) Establishing performance goals within each CCNC network that includes each of the following components:
  - a. Care management for children who are at risk of becoming obese and developing diabetes or other chronic diseases.
  - b. Annual BMI screening to identify the percentage of children who have a BMI test and the percentage of children who have a decrease in BMI levels.
- (2) Developing a uniform protocol across the CCNC network to ensure the integrity and confidentiality of information collected through BMI screening.
- (3) Implementing reliable methods of collecting data utilizing fitness assessment and reporting programs for youth that include

LEGISLATIVE PROPOSAL X

1 health-related physical fitness tests to assess aerobic capacity;  
2 muscular strength, muscular endurance, and flexibility; and body  
3 composition.

4 **SECTION 2.** The Department shall require CCNC networks to collaborate  
5 with local health departments, county departments of social services, Eat Smart, Move  
6 More coalitions, and local education agencies on ways to reduce BMI levels in all  
7 children.

8 **SECTION 3.** Not later than September 1, 2011, the Department shall report  
9 its findings and recommendations to the Legislative Task Force on Childhood Obesity,  
10 if reestablished for the 2011-2012 Session, to the Public Health Commission, and to the  
11 Fiscal Research Division.

12 **SECTION 4.** This act is effective when it becomes law.

LEGISLATIVE PROPOSAL XI

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

BILL DRAFT 2009-MGz-95 [v.8] (4/12)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2010 11:46:14 AM

Short Title: Legislative Task Force On Childhood Obesity. (Public)

---

Sponsors: Representative Yongue.

---

Referred to:

---

1 A BILL TO BE ENTITLED  
2 AN ACT TO REESTABLISH THE LEGISLATIVE TASK FORCE ON CHILDHOOD  
3 OBESITY, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON  
4 CHILDHOOD OBESITY.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. The Legislative Task Force on Childhood Obesity, as created  
7 in Part XLIX of S.L. 2009-574, is reestablished for the 2011-2012 Session.

8 SECTION 2. The Task Force may make an interim report of the results of  
9 its study and recommendations to the 2011 General Assembly, and shall submit a final  
10 report of the results of its study and recommendations to the 2011 General Assembly,  
11 Regular Session 2012. The Task Force shall terminate on May 1, 2012, or upon the  
12 filing of its final report, whichever occurs first.

13 SECTION 3. This act is effective when it becomes law.

**APPENDIX I**

**FISCAL ANALYSIS FOR RECOMMENDATION #6**

Task Force staff conducted additional research on the information provided by several of the presenters concerning the financial viability of providing healthy school meals. The staff learned that there is a substantial amount of studies and research indicating that serving healthy food can be revenue neutral, even profitable. These studies conclude that to make a successful financial transition to serving healthy foods a temporary subsidy for school nutrition programs needs to be in place as they transition to the total menu of healthy foods.

Recommendation 6 calls for the Board of Education to implement revised nutrition standards for schools beginning with the 2011-2012 school year—SFY 2011-12. The standards would be phased in for Elementary, Middle and High Schools over a 5-year period. During this phase-in, it is the recommendation of the Task Force that the General Assembly appropriate a 5-cent a meal subsidy to Elementary, Middle, and High Schools for a 2-year period. This two-year subsidy would allow the schools to make the transition to a healthy menu of school meals, as has been done successfully in other schools.

Neither the Task Force nor the current session of the General Assembly can bind the 2011 or any other session of the General Assembly to any legislative or budgetary action. However, the following is fiscal analysis of the resources that would be necessary to provide the temporary two-year 5-cent subsidy.

<b>Number of Meals Served in North Carolina Public Schools</b>	
Reimbursable Breakfast Meals	63,318,720
Reimbursable Lunch Meals	163,298,191
A la carte Meals	112,345,071
Total number of meals served	338,961,982

<b>Projected Annual Cost of 5-cent Supplement by Grade Level</b>			
<b>Number of Meals Served by Grade Level</b>		<b>Apply 5-cent Supplement @ Meal</b>	<b>Annual Cost of 5-cent Supplement</b>
Elementary—K – 5 (47.5%)	161,006,941	\$0.05	\$8,050,347
Middle—6 – 8 (22.8%)	77,283,332	\$0.05	\$3,864,167
High—9 – 12 (29.7%)	110,671,709	\$0.05	\$5,033,585
Total	338,961,982		

<b>Projected Annual Cost by Fiscal Year</b>				
	SFY 2011-12	SFY 2012-13	SFY 2013-14	SFY 2014-15
<b>Elementary School</b>	\$ 8,050,347	\$ 8,050,347		
<b>Middle School</b>		\$ 3,864,167	\$ 3,864,167	
<b>High School</b>			\$ 5,033,585	\$ 5,033,585
<b>TOTAL</b>	\$ 8,050,347	\$ 11,914,514	\$ 8,897,752	\$ 5,033,585

## Status of Legislation Recommended by the Task Force on Childhood Obesity

Updated 11-9-11

<b>Bill</b>	<b>Short Title/Description</b>	<b>Status</b>
SB 1151 HB 1775	<b><u>Supplemental Nutrition Assistance Program</u></b> Direct the Division of Social Services of DHHS to examine ways to expand and enhance the Supplemental Nutrition Assistance Program in NC.	S.L. 2010-160  Recommendation #1/ Legislative Proposal #1
SB 1288 HB 1776	<b><u>Electronic Funds Transfers/Farmers Markets</u></b> Require DHHS to issue a request for proposals to facilitate acceptance of payments by electronic funds transfer at local farmers markets.	Bills Not Enacted.  Recommendation #2/ Legislative Proposal #2
SB 1287 HB 1726	<b><u>Improve Child Care Nutrition/Activity Standards</u></b> Require the Child Care Commission, in consultation with the Division of Child Development of DHHS, to develop improved nutrition standards for child care facilities, and direct the Division of Child Development to study and recommend guidelines for increased levels of physical activity in child care facilities.	S.L. 2010-117  Recommendation #3/ Legislative Proposal #3
SB 1339 HB 1917	<b><u>National School Lunch Program/Funds</u></b> Require DPI to use a specified amount of child nutrition program funds as required state matching funds for meals under the National School Lunch Program.	Bills Not Enacted.  Recommendation #4/ Legislative Proposal #4
SB 1285 HB 1774	<b><u>Eliminate Reduced Price School Meals/Funds</u></b> Appropriate funds to DPI to eliminate the cost of reduced price lunches for school children who qualify for reduced price meals.	Bills Not Enacted  Recommendation #5/ Legislative Proposal #5
SB 1289 HB 1756	<b><u>Update Statewide Nutrition Standards</u></b> Direct the SBE to update statewide nutrition standards for food and beverages available in public elementary, middle and high schools.	Bills Not Enacted  Recommendation #6/ Legislative Proposal #6
SB 1152 HB 1777	<b><u>Study Child Nutrition Program</u></b> Authorize the Joint Legislative Program Evaluation Oversight Committee to direct the Program Evaluation Division to study indirect costs under child nutrition programs.	S.L. 2010-115  Recommendation #7/ Legislative Proposal #7
SB 1284 HB 1832	<b><u>Farm to School Program/Funds</u></b> Establish an employee position in the Department of Agriculture dedicated to administration and operation of the Farm to School Program and require the Department to report annually on the program.	S.L. 2010-31, Sec 11.5, reclassified one vacant position in DACS for the NC Farm to School Program  Recommendation #8/ Legislative Proposal #8
SB 1296 HB 1757	<b><u>Physical Education and Activity in Schools</u></b> Require public schools to use evidence-based fitness testing for students statewide in grades K through 8.	S.L. 2010-161  Recommendation #10/ Legislative Proposal #9
SB 1286 HB 1904	<b><u>Screen and Reduce BMI Levels in Children</u></b> Require DHHS to explore ways to implement body mass index screening for certain children who are at risk of becoming obese and to reduce body mass index levels for all children	S.L. 2010-152, Sec. 17  Recommendation #11/ Legislative Proposal #10
SB 1153 HB 1827	<b><u>Legislative Task Force on Childhood Obesity</u></b> Continue the Legislative Task Force on Childhood Obesity.	S.L. 2010-152, Sec. 26  Recommendation #14/ Legislative Proposal #11



# PROGRAM EVALUATION DIVISION

## NORTH CAROLINA GENERAL ASSEMBLY

October 2011

Report No. 2011-06

# Child Nutrition Programs Challenged to Meet Nutrition Standards, Maintain Participation, and Remain Solvent

## Summary

**NC Session Law 2010-115 charged the Program Evaluation Division with examining Child Nutrition Program indirect costs and strategies to increase nutritious foods in schools.** Child Nutrition Programs are operated by each of North Carolina's 115 school districts. Despite federal reimbursements, on average schools lose money on each school meal sold and must generate revenue to cover costs, most often by selling à la carte foods to children.

**Viability of Child Nutrition Programs depends on a delicate balance of cost, nutritional value, and student participation.** The challenges of this "trilemma" are exemplified by data showing 52 programs operated at a loss between Fiscal Years 2007-08 and 2009-10. Although approaches to increase standards and maintain revenue have shown some success, North Carolina tested higher nutrition standards in 2005 with daunting results: programs lost money and participation dropped. Although these nutrition standards are not currently required, many programs follow them.

**The lack of formal guidelines for indirect cost assessment at the local level challenges program solvency and adds to cost pressures on Child Nutrition Programs.** Indirect costs are a small proportion of program expenses but they are controversial because they are assessed at the discretion of each school district. State guidance on indirect cost assessment has not alleviated concern about their contribution to program insolvency.

**North Carolina is among a minority of states that do not supplement federal funding beyond the required state match.** States that provide additional funds use several strategies that take financial pressure off programs and promote higher quality meals. With limited options to ensure financial viability in North Carolina, programs may adopt other strategies to address the trilemma.


These findings illustrate fiscal and nutritional challenges facing Child Nutrition Programs. A new, well-designed pilot to establish the cost and processes needed to fully implement current state nutrition guidelines and maintain solvency would be the best way to address these issues. However, a pilot program is not advisable in light of impending revised federal nutrition requirements that will have precedence over state guidelines.

**To address the identified issues, two recommendations suggest action by the General Assembly.** First, school districts should be prohibited from assessing indirect costs to Child Nutrition Programs unless programs are fiscally solvent. Second, funding administrative support for the North Carolina Procurement Alliance would promote cost savings provided by the alliance and reduce expenses for Child Nutrition Programs.

**Wake Forest**  
Baptist Health  
Brunner Children's Hospital

**Pediatric Obesity:  
Complex Simplicity**

Joseph A. Skelton, MD, MS  
Wake Forest University School of Medicine



---

---

---

---


---

---

---

---

# Epidemic of Obesity?



Brunner Children's Hospital

---

---

---

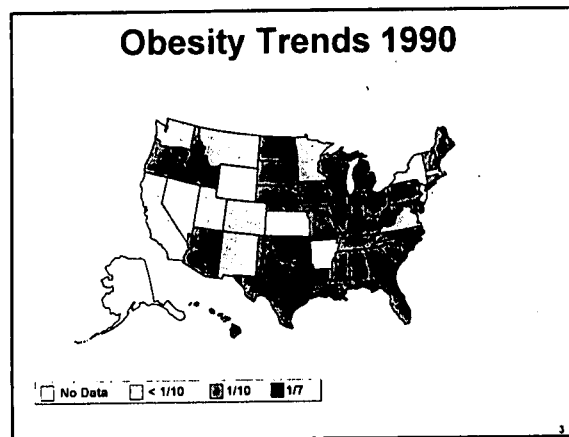
---

---

---

---

---



---

---

---

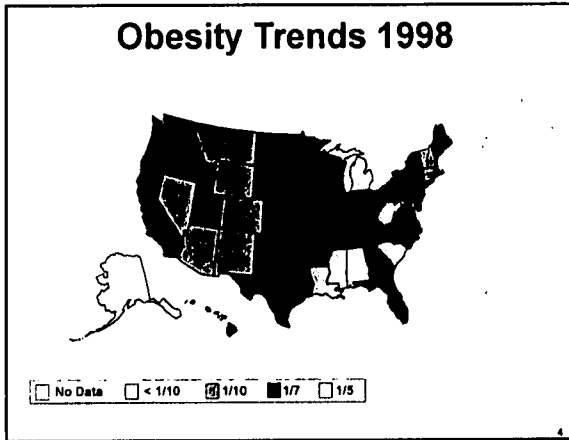
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

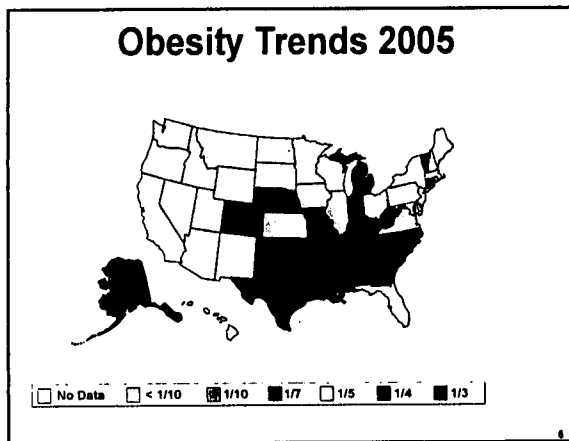
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

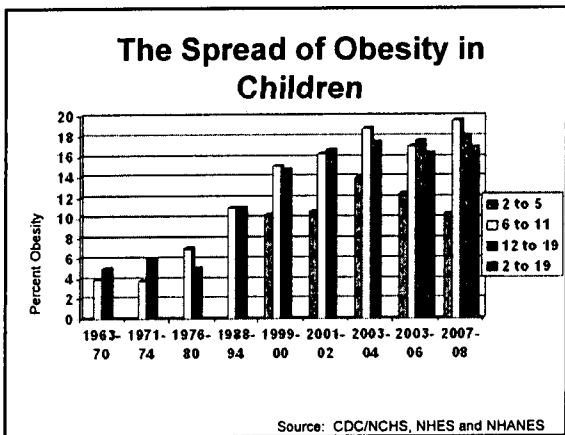
---

---

---

---

---



---

---

---

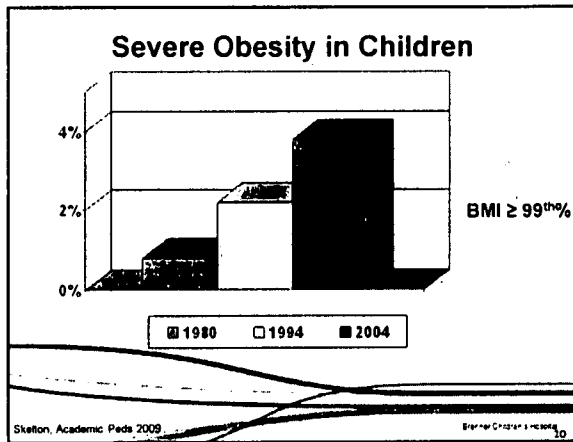
---

---

---

---

---



---

---

---

---

---


---

---

---

### North Carolina?

- Nearly 1/3 of children 10-17 years old are overweight or obese
  - 41% of African-Americans are overweight or obese
- Questionable rankings
  - 5<sup>th</sup> in childhood obesity
  - 10<sup>th</sup> in overall obesity
- Stroke Belt vs Bible Belt



Baron-Cohen et al 2002

---

---

---

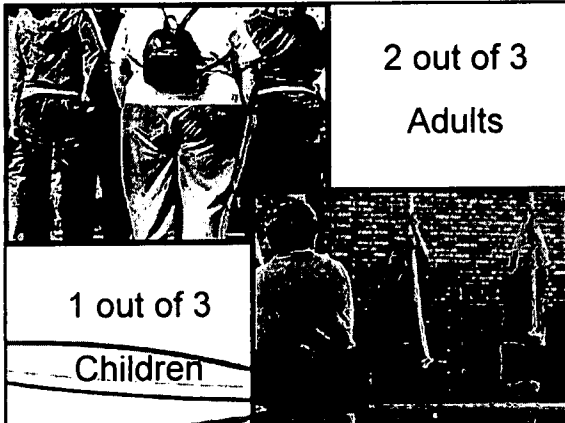
---

---

---

---

---



2 out of 3  
Adults

1 out of 3  
Children

---

---

---

---

---

---

---

---

**What are Overweight and Obesity?**  
**Body Mass Index (BMI)**  
**Relationship of weight to height**  
**(age and gender)**

**BMI = Weight/height<sup>2</sup>**

Adults- **BMI**  
 < 18 Underweight  
 18-25 Normal weight  
 25-30 Overweight  
 >30 Obese

---

---

---

---

---

---

---

---

---

---

---

---

**What are Overweight and Obesity?**  
**Body Mass Index (BMI)**

**BMI Percentiles**

**Relationship of weight to height**  
**(age and gender)**

---

---

---

---

---

---

---

---

---

---

---

---

Adult Classification	
→	≥ 95 <sup>th</sup> %ile = ≥ 30 kg/m <sup>2</sup>
→	85 <sup>th</sup> - <95 <sup>th</sup> %ile = 25 - <30 kg/m <sup>2</sup>
→	5 <sup>th</sup> - <85 <sup>th</sup> %ile = 18 - <25 kg/m <sup>2</sup>

---

---

---

---

---

---

---

---

---


---

---

---

**BMI and Children**  
**What's the Difference?**

110 Pounds	110 Pounds
9 years old	14 years old
5 feet tall	5 feet tall
BMI = 22	BMI = 22



**Trajectory**

---

---

---

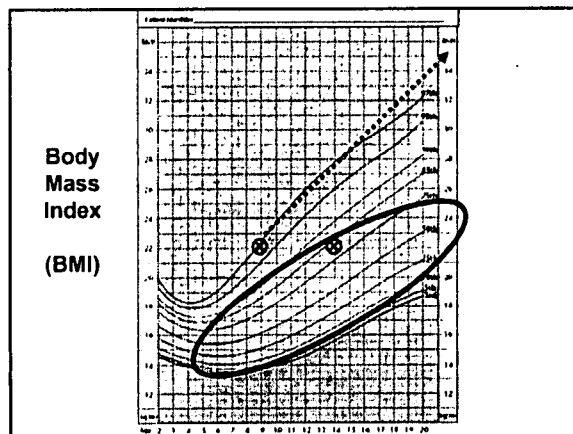
---

---

---

---

---



---

---

---


---

---

---

---

---



**Appropriate weight for height?**

3 year old male  
30 lbs  
37 inches

BMI = 15.4 kg/m<sup>2</sup>  
30<sup>th</sup> percentile

Spring Children's Hospital

---

---

---


---

---

---

---

---



**Appropriate weight for height?**

7 year old male  
60 lbs  
49.5 inches

BMI = 17 kg/m<sup>2</sup>  
83<sup>rd</sup> percentile

AP Photo/Chris Wedel

---

---

---

---


---

---

---

---

**How Has This Happened?**



**Nutrition + Exercise + Genetics**

*How much & What we eat*

*We don't move enough*

*Our bodies are made to store fat*

20

---

---

---

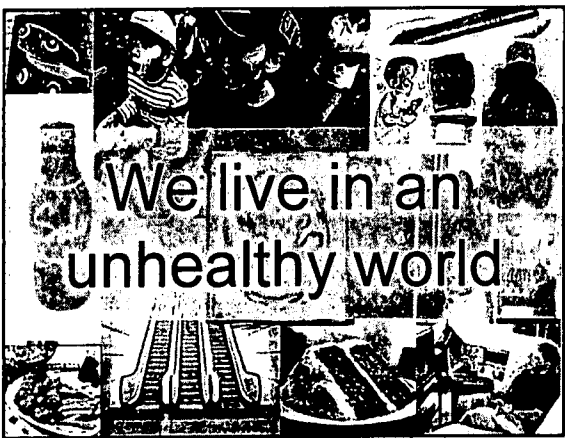
---

---

---

---

---



**We live in an unhealthy world**

---

---

---

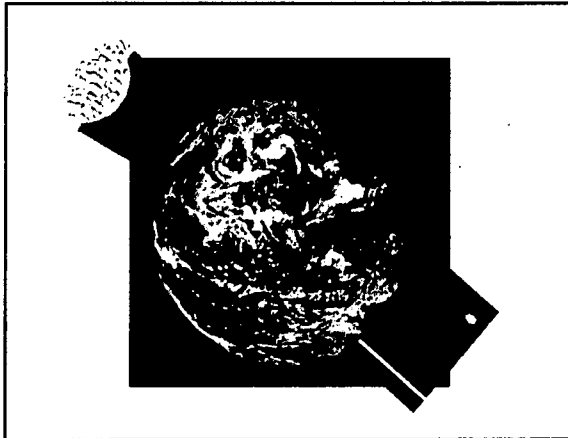
---

---

---

---

---



---

---

---

---

---

---

---

---

**"The Toxic Environment"**

*"It is hard to envision an environment more effective than ours for producing obesity"* Battle and Brownell 1996

- 170,000+ fast food restaurants in US
- \$12 billion/yr spent on marketing food to parents and children
- \$12 million spent between 1989-2000 by the sugar industry on candidates for Congress

**IF WE EAT LESS AND EXERCISE MORE-WHO PROFITS?**

Source: Center for Disease Control

---

---

---

---

---

---

---

---

**Nutrition- Not So Simple**

*How much we eat*

*What we eat*

*How we eat*

Source: Center for Disease Control

---

---

---

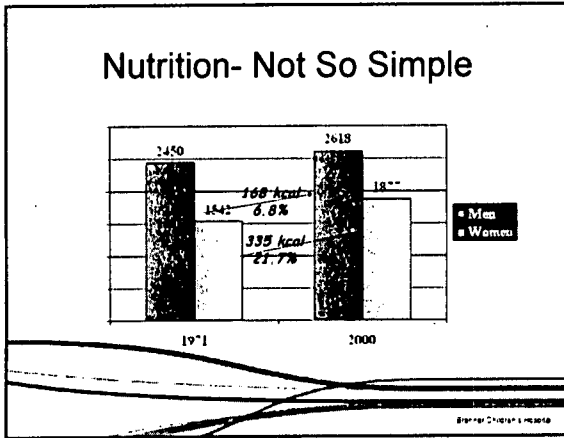
---

---

---

---

---




---

---

---

---

---

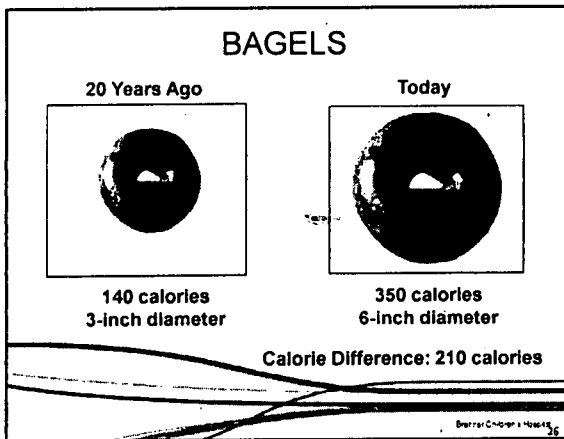
---

---

---

---

---




---

---

---

---

---

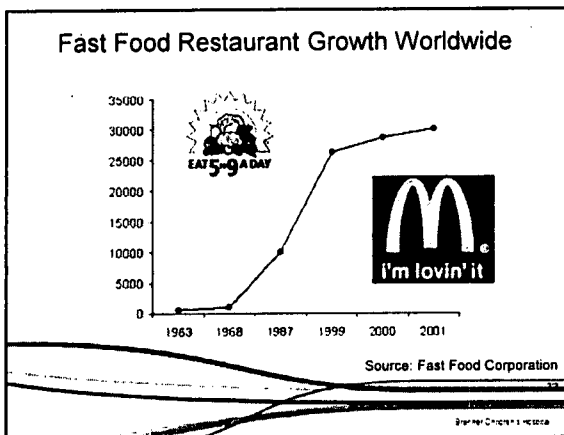
---

---

---

---

---




---

---

---

---

---

---

---

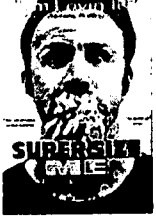
---

---

---

### "Super-Sized Generation"

#### Fast Food French Fry Servings



Year	Calories per serving
1960s	200 Kcal
1970s	320 Kcal
Mid 1990s	450 Kcal
Late 1990s	540 Kcal
2000	610 Kcal

Source: Center for Health & Nutrition

---

---

---

---



---

---

---

---

### Fast Food Hype



**CHICK-FIL-A**  
**SELECTS**  
premium breast strips

Chicken Selects®  
Premium Breast Strips  
(5 pc)

Calories	630	Calories	510
Fat	33g	Fat	26g
Trans fat	4.5g	Trans fat	1.5g
Fiber	0g	Fiber	2g

Source: Center for Health & Nutrition

---

---

---

---

---

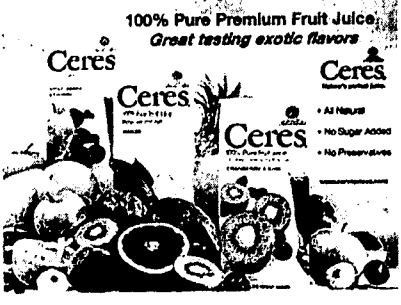
---

---

---

### 100% Pure Premium Fruit Juice

Great tasting exotic flavors



**Ceres**  
100% Pure Premium Fruit Juice

- All Natural
- No Sugar Added
- No Preservatives

Source: Center for Health & Nutrition

---

---

---

---

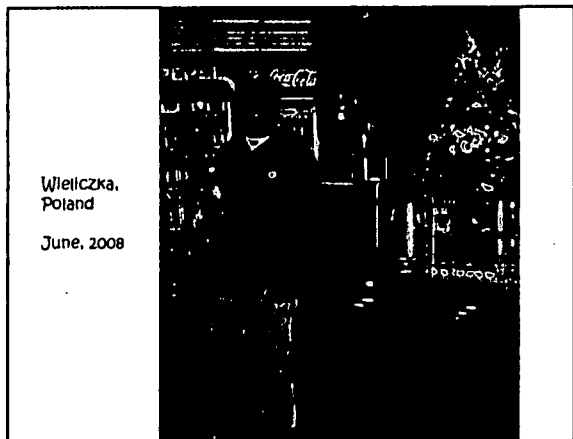
---

---

---

---





---

---

---

---

---

---

---

---

### Eco Logic

- The Japanese eat very little fat and suffer fewer heart attacks than the British or Americans.
- The French eat a lot of fat and also suffer fewer heart attacks than the British or Americans.
- The Japanese drink very little red wine and suffer fewer heart attacks than the British or Americans.
- The Italians drink excessive amounts of red wine, and also suffer fewer heart attacks than the British or Americans.

© 2008 Pearson Education, Inc.

---

---

---

---

---

---

---

---

### Therefore

**Eat and drink what you like,  
It's speaking English that kills you**

© 2008 Pearson Education, Inc.

---

---

---

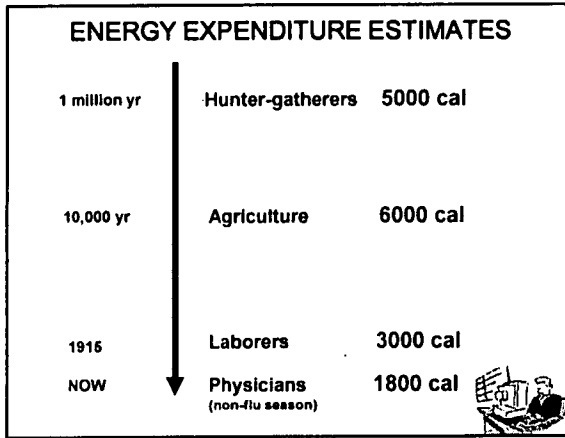
---

---

---

---

---




---

---

---

---

---

---

---

---

### Television

- Children watch > 20 hours of TV per week  
 $20 \text{ hours/week} \times 10 \text{ food commercials/hour} = 200 \text{ commercials/wk}$
- TV in the bedroom increases viewing by 38 min
- Television increases caloric intake and decreases resting metabolic rates
- Television is independently linked to obesity
  - Robinson JAMA 1999: Prospective study of 2 schools showed relative decrease in BMI and body fat in intervention school

---

---

---

---

---

---

---

---

### Exercise Activity

---

---

---

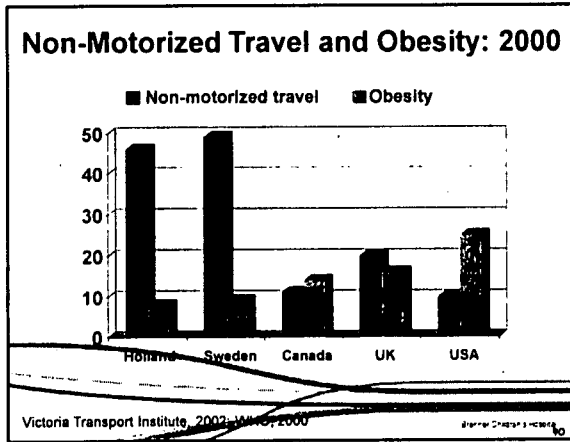
---

---

---

---

---



---

---

---

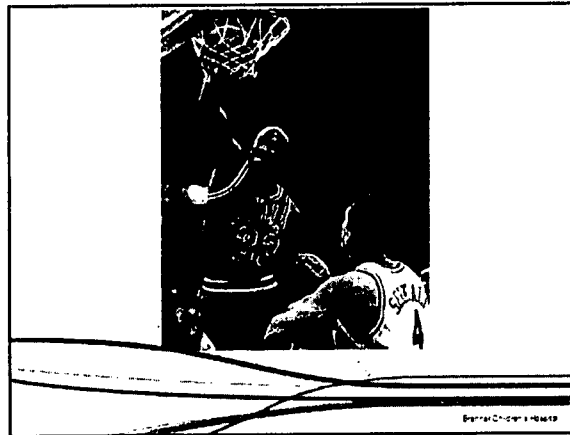
---

---

---

---

---



---

---

---

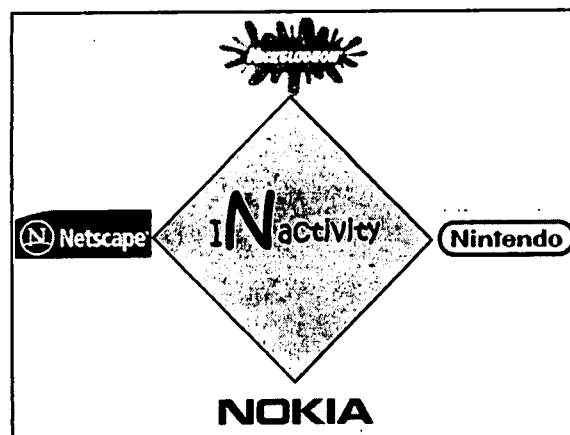
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

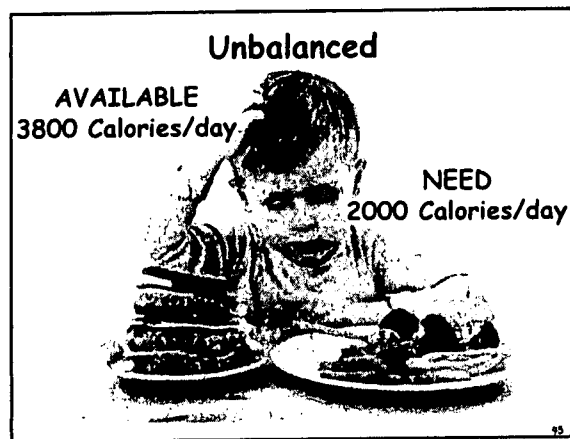
---

---

---

---

---



---

---

---

---

---


---

---

---

### The Nag Factor

- Study done by Western Media
- Goal- how can advertising help children nag their parents more efficiently
- Studied children's nagging and how it worked on parents



© 1999 Western Media

---

---

---

---

---

---


---

---

### The Nag Factor

Findings

- 2 types of nagging
  - Repetitive: "Please, please, please, please..."
  - Purposeful: "Please get me that toy- it will help me with homework and hand-eye coordination"
- Purposeful nagging is more effective
  - Especially with parents immune to nagging
- Ads changed
  - Equip children with reasons



© 1999 Chuck E. Cheese's

---

---

---

---


---

---

---

---

### The Drool Factor




---

---

---

---

---

---

---

---



### School Food Policy and BMI

- Can students have food in class?
- Can students have drinks in class?
- Can students have snacks in hallways?
- Can students have drinks in hallways?
- Is food used as a reward or incentive?
- Does classroom fundraising include food sales?
- Does school-wide fundraising include food sales?

Kubik Archives of Pediatrics & Adolescent Medicine 2008, 159-1111-4

Diurnal Children's Health

---

---

---

---

---

---

---

---

---

---

### Families- Mayberry No Longer

- Single Parents
- Dual Working Parents
- Over-scheduling
  - Busy does not mean active
- Homework



#### ALL IMPACTING:

- FAMILY MEALS
- FAMILY LIFE
- FAMILY TIME

Diurnal Children's Health

---

---

---

---

---

---

---

---

---

---

### Family Meals

- Cheaper than eating out or individual meals
- Families that have daily meals together eat:
  - Higher amounts of: calcium, fiber, iron
  - Less saturated fat
  - Eat more fruits, vegetables, and grains
- Kids who eat meals with their families:
  - Higher scholastic scores
  - Happier
  - Less likely to smoke, use marijuana, or drink alcohol

Diurnal Children's Health

---

---

---

---

---

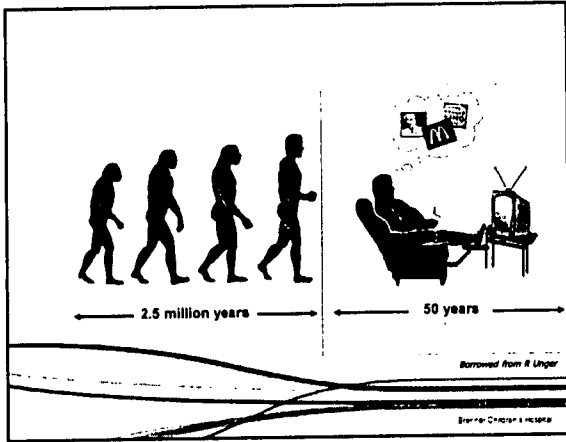
---

---

---

---

---




---

---

---

---

---

---

---

---

### Predictive Value of Pediatric Obesity

- Obesity in childhood predicts obesity as an adult
  - 50<sup>th</sup> – 84<sup>th</sup> percentile: 5x more likely to be overweight as young adult
    - 20x for 75<sup>th</sup> – 84<sup>th</sup> percentile
- Even younger?
  - Review of all studies 1970-1992
    - 26-41% of obese preschool children became obese adults
    - 42-63% of obese school-age children became obese adults
    - Risk increases with age
    - Serdula, Prev Med 1993;22
  - Risk increases with obese parents
    - Whitaker, NEJM, Sept 25, 1997

Source: Children's Hospital

---

---

---

---

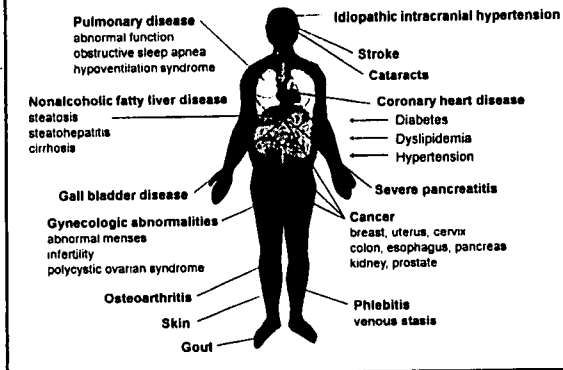
---

---

---

---

### Obesity-related health risks in ~~Adults~~ Children




---

---

---

---

---

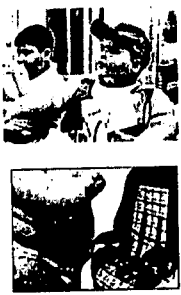
---

---

---

### Life Expectancy

- 2/3rds of adults are overweight or obese
- 1/3 of children are overweight or obese
- Average life expectancy today= 78 years
- Life expectancy of our children= 74 years



Source: Children's Hospital

---

---

---

---

---

---

---

---

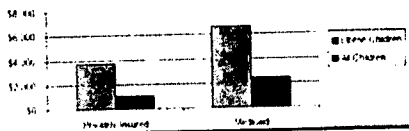
---

---

### Weight-related Pediatric Comorbidities

- Costs
  - Medical costs of treating obesity-related disease in US= \$147 billion (CDC, 2008)
  - Costs doubled from 1998 to 2008
- Pediatric obesity costs (Marder, Thomson Medstat, 2005)
  - Obese children with Medicaid have higher health costs than those with private insurance
  - Cost of childhood obesity: \$14 billion
  - Obese children 2-3x more likely to be hospitalized

Annual Medical and Drug Expenditures (per Child)



Insurance Type	Obese Children	All Children
Medicaid	~\$12,000	~\$4,000
Private Insurance	~\$16,000	~\$4,000

---

---

---

---

---

---

---

---

---

---

### Impact on Employers

- Impact on workplace not well understood
- Average per capita health insurance claims costs in 2008 (IBM Corporation):
  - \$1,640 for non-obese child
  - \$2,907 for obese child
  - \$10,789 for child with type II diabetes.
- Average claims cost for children with type II diabetes exceeded level of the average claims cost for adults with type II diabetes (\$8,844)
- Lost productivity from children's needs for parental caregiving

Source: Children's Hospital

---

---

---

---

---

---

---

---

---

---

### Complications of pediatric obesity in adulthood

- Cancer
  - Direct link or shared risk factors?
  - Colon, breast (postmenopausal), endometrium, kidney, esophagus associated with obesity
    - Gallbladder, ovaries, pancreas possible
    - Obesity and physical inactivity
    - Small weight loss can provide benefits
  - 2002: 41,000 new cases in US attributable to obesity (3.2% of new cancers) (www.cancer.gov)

Barbara Chansinsri, MD, PhD

---

---

---

---

---

---

---

---

---

---

### Pediatric obesity and all cause mortality

- Must A, et al. *NEJM* 1992
  - Obese adolescence associated with increased risk of multiple comorbidities in adulthood, even if the obesity did not persist
- Must, A. et al *Amer J of Clinical Nutrition*. 1996
  - Long-term health compromised by obesity in adolescence
  - Effects likely due to persistence of obesity into adulthood and perhaps to direct effect of adolescent weight on fat distribution
- Franks et al, *NEJM* 2010: Study of American Indian children (N=4857)
  - Rates of death among children in highest quartile BMI more than double those in lowest quartile

Barbara Chansinsri, MD, PhD

---

---

---

---

---

---

---

---

---

---

### More than just a physical condition...

- Fewer friends
- Experience rejection from peers
  - Name calling, teasing, physical aggression, withdrawal of friendships, rumors/lies \*
- Least liked compared to other children \*\*
  - Preference for non-overweight friends is 41% greater than it was in 1961
- Quality of life comparable to a child with cancer \*\*\*

Barbara Chansinsri, MD, PhD

\*Janessen, I (2004). *Pediatrics*  
 \*\*Lester, J. & Stunkard, A. (2003). *Obesity Reviews*  
 \*\*\*Schwimmer, J (2003). *JAMA*

---

---

---

---

---

---

---

---

---

---

Physicians View Obese Patients as:

- Noncompliant
- Lazy
- Lacking self control
- Weak-willed
- Unsuccessful
- Unintelligent
- Dishonest



Campbell et al., 2000; Hebl & Xu, 2001; Kristeller & Hoerr, 1997;  
Mannan et al., 1979; Price et al., 1987

© 2008 Pearson Education, Inc.

---

---

---

---

---

---

---

---

---

---

**Social Discrimination**

"It seemed like the last form of open discrimination... I started walking down the street and within 10 seconds, a trio of people looked at me, snickered... started pointing and laughing in my face."

-Tyra Banks, 2005



© 2008 Pearson Education, Inc.

---

---

---

---

---

---

---

---

---

---

"For every complex problem there is an answer that is clear, simple, and wrong."

-HL Mencken

© 2008 Pearson Education, Inc.

---

---

---

---

---

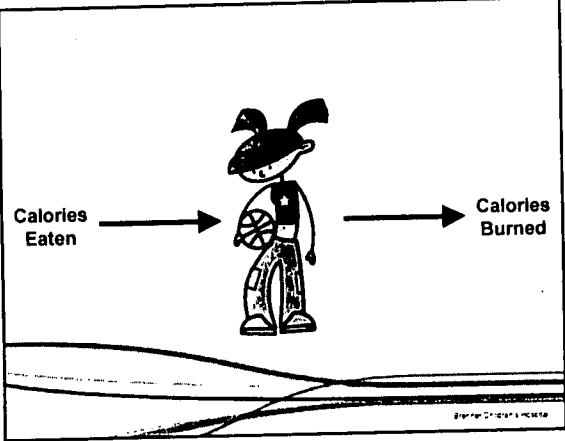
---

---

---

---

---



---

---

---

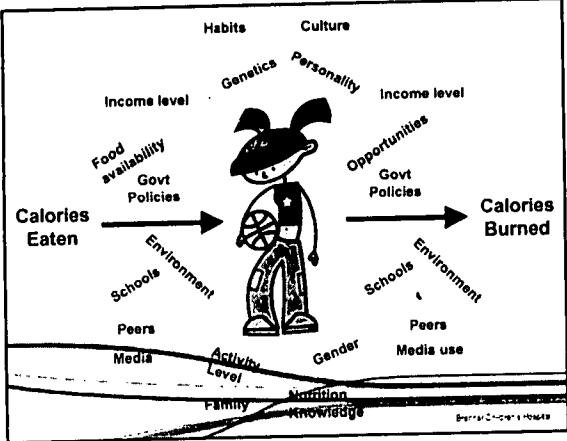
---

---

---

---

---



---

---

---

---

---

---

---

---

**“Obesity is a complex disease...  
It will take a complex approach”**

**- Bill Dietz, MD, PhD**

---

---

---

---

---

---

---

---

### Evidence for Treatment

- **Cochrane 2009\***
  - Limited quality data
  - Behavioral interventions produce meaningful reduction
    - Determinants for behavior change
    - Improve clinician-family interaction
- **2007 Expert Recommendations\*\***
  - Effective therapies poorly defined, used both available evidence and expert opinion
  - Staged treatment: family-focused, patient-centered communication, target behaviors

\*Cochrane Database, 2009, Issue 1  
 \*\*Pediatrics 2007;120 Supplement

Epstein, Oberklaid & Heisterkamp

---

---

---

---

---

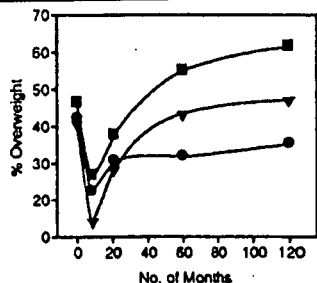
---

---

---

---

---



← Control  
 ← Child Alone  
 ← Child & Parent

Fig 1.—Changes in percent overweight for children randomized to child and parent (group 1) (circle), child alone (group 2) (triangle), or nonspecific control (group 3) (square) groups. Treatment was offered for the first 8 months, with follow-up measurements collected at 21, 60, and 120 months.

Epstein, LH et al.  
 JAMA 1990

---

---

---

---

---

---

---

---

---

---

### What is Behavioral Therapy?

- Behavioral therapy, Behavior modification, Cognitive behavioral therapy
  - Awareness of behaviors and emotions
  - Goal oriented, time-limited
  - Changing a person's behaviors to improve their life and health
    - Stopping unhealthy behaviors
    - Developing healthy behaviors
- **NOT Psychotherapy**



Epstein, Oberklaid & Heisterkamp

---

---

---

---

---

---

---

---

---

---

### Principles of Behavioral Therapy

- Self-monitoring: gain awareness of behaviors
  - Food records: level of hunger, setting
  - Activity: sedentary and physical
- Stimulus control: altering external environment
  - Changing food in home/in-sight
  - Restrictions on TV time
- Goal setting & contracting
  - Measurable and realistic
  - Frequent
  - Short- and long-term

Behavior Change & Health

---

---

---

---

---

---

---

---

### Parent Participation

- Evidence for including parent strong\*
  - Significantly better with parent in treatment
  - Fine print: Parent target of treatment also
- Parents as exclusive agents of change
  - Theory: Modeling, change in environment, translation of behavior change by parent
  - Evidence treating parent alone more effective vs child alone (6-12 year olds)\*\*
  - Parent-only as effective as family-based, both better than control\*\*\*

\* Epstein, multiple studies  
\*\* Gotan M, Weizman A. J Nutrition Education 2001  
\*\*\* Jaricko et al Arch Pediatr Adolesc Med. 2008

Behavior Change & Health

---

---

---

---

---

---

---

---

### Other Principles of Treatment

- Patient-centered communication
  - Attempts to change effective only if family recognizes and willing to change
  - Clinician assists in building motivation
- Approaches
  - Stages of Change
  - Motivational Interviewing
- Parenting style
  - Recognition and intervention
  - Useful in prevention and treatment
- Weight bias

Behavior Change & Health

---

---

---

---

---

---

---

---

**Effectiveness of Weight Management Interventions in Children: US Preventive Services Task Force**

- Available research: 4-18 years of age
- Most effective: Comprehensive behavioral interventions
  - Moderate (26-75 hours) to high (>75 hours) intensity
  - Few harms with behavioral approach
  - BMI 95<sup>th</sup>- 97<sup>th</sup> percentile
- Medications: combined with behavioral interventions
  - More adverse effects, no studies of weight after stopped

Pediatrics, 2010

Journal Children's Health

---

---

---

---

---

---

---

---

---

---

**WHY BARIATRIC SURGERY?**

- NIH Consensus Statement
- Success in most cases of non-surgical therapy is only temporary
- Dietary regimens fail to provide long-term weight control in severely obese patients
- Some evidence of safety and efficacy
  - VERY FEW STUDIES
  - NOT CONTROLLED
  - NOT RANDOMIZED

Journal Children's Health

---

---

---

---

---

---

---

---

---

---

**Criteria**

- Failed 6-12 months of multidisciplinary, physician supervised weight management program
- Demonstrate commitment
- Parental consent, Patient assent
- Agree to avoid pregnancy for 2 years post-op
- Attained or nearly attained physiologic maturity (SMR IV, girls  $\geq 13$  years, boys  $\geq 15$  years)
- Severely obese
  - BMI  $\geq 50$  with severe or less severe co-morbidity
  - BMI  $\geq 40$  with severe co-morbidity
  - BMI  $\geq 30$  with life-altering or -threatening co-morbidity

Journal Children's Health

---

---

---

---

---

---

---

---

---

---

**Co-morbidities**

- **Serious co-morbidities**
  - Type 2 Diabetes Mellitus
  - Obstructive sleep apnea
  - Pseudotumor cerebri
  - Metabolic Syndrome
  - Weight related arthropathies which impair physical activity or could cause permanent disability
- **Less serious co-morbidities**
  - Hypertension
  - Dyslipidemias
  - Venous stasis disease
  - Significant impairment in activities of daily living
  - Intertriginous soft tissue infections
  - Stress urinary incontinence
  - Gastroesophageal reflux disease
  - Non-alcoholic Steatohepatitis

Brenner Children's Hospital

---

---

---

---

---

---

---

---

---

---

**Real Life Programs**

- Sothorn, Committed to Kids, LA, JADA, 2002
  - Year long, weekly, community-based with physician
  - 13.1 – 17.7 years old, BMI 32.3
  - BMI reduced from 32.3 to 28.2 at 1 year
- Kirk, Healthworks, OH, Obesity Research, 2005
  - Interdisciplinary, family based, 5 month intensive phase
  - 5-19 years old, BMI 35.6
  - Improvements seen in BP, cholesterol, insulin, fitness; BMI
- Skelton, NEW Kids Program, Obesity, 2008
  - Open-ended clinic
  - 2-18 years of age, BMI 37 kg/m2, many comorbidities
  - 2/3rds saw improvement in weight status

Brenner Children's Hospital

---

---

---

---

---

---

---

---

---

---

**Real Life Programs**

- Savoye, Bright Bodies, Yale, CT, JAMA, 2007\*
  - Pediatric Obesity Clinic, twice a week for 6 months, then every other week for 5 months
  - Mean age 12 years, BMI 35.8 with control group
  - BMI decrease of 1.7, with improvement in insulin resistance and body fat percentage vs. control
- Skelton, The Obesity Society, Poster, 2010
  - Brenner FIT Clinic, WFUSM, year long program
  - Mean age 11 years, BMI 37.8 kg/m2
  - 52% decreased BMI, 74% improved weight status (BMI z-score)

Brenner Children's Hospital

---

---

---

---

---

---

---


---

---

---

### Paradigm Shift

- Present
  - Diet and Exercise, genetics, slow metabolism
  - "Their fault", "lack of willpower", "lazy"
- Future
  - Cancer
  - Unhealthy habits into healthy habits
  - Journey, not a destination
  - Family




---

---

---

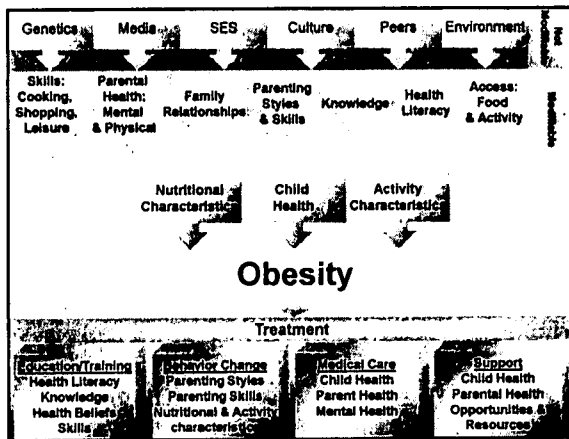
---

---

---

---

---




---

---

---

---

---

---

---

---

### Brenner FIT

**• Multidisciplinary**


- Pediatrician
- Dietitian
- Family Counselor (LCSW, LMFT)
- Physical Therapist
- Social Worker

**• Multi-dimensional**

- Behavioral approach
- Motivational Interviewing
- Family-centered
- Individual & Group
- Outcomes and Satisfaction

**• Multi-component**

- Kohl's Family Collaborative (Community)
- Mejor Salud Mejor Vida (Hispanic Outreach)
- TeleFIT (Telemedicine)
- Bariatric surgery




---

---

---

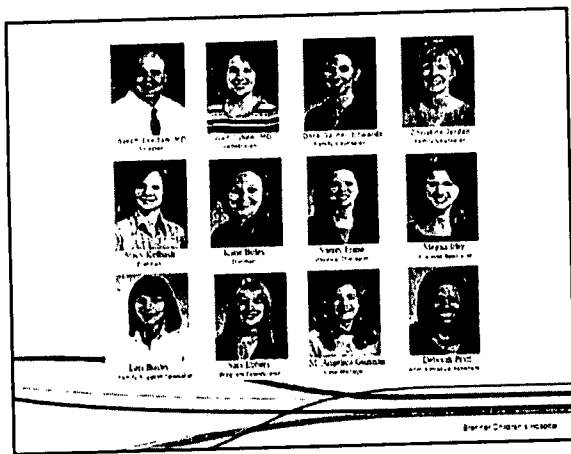
---

---

---

---

---




---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

**Be FIT with Brenner**

**Brenner FIT**  
 A program for you

At Brenner Children's Hospital, we work each day to help children grow into strong, healthy adults. By following these tips, you and your family will lead a healthier lifestyle.

5. ...
4. ...
3. ...
2. ...
1. ...
0. ...

**Walden Forest**  
 Excellent Care

---

---

---

---

---

---

---

---

**Brenner FIT: Family-Based**

- Family-Centered
  - Motivational Interviewing
  - Individualized
  - Understanding and Empathetic
- Family-Focused
  - Family habits primary, individual habits secondary
  - Parenting support
- Touchy-feely
- Expertise

Brenner Children's Hospital

---

---

---

---

---

---

---

---

---

---

---

---

**Support**

- Form collaborative partnerships with Brenner FIT team
- Establish connections and build support
- Support emotional and psycho-social health of families
- Create opportunities for healthy activities
- Provide treatment when and where it is needed
- Provide links to community resources

**Family-Based Treatment**  
Recognize each family is unique  
Guide families to identify unhealthy behaviors  
Encourage family to set goals  
Provide targeted and focused support  
Build connections with the team

**Group-Based Treatment**  
Engage families in experiential learning  
Encourage family-to-family support  
Provide targeted and focused support  
Build connections with the team

**Child**  
**Family**

Brenner Children's Hospital

---

---

---

---

---

---

---

---

---

---

---

---

**Brenner FIT: difficult**

- Pros
  - Long-term changes
  - Improved family experience
  - Evidence-based into practice
  - Learning curve
  - Expertise
- Cons
  - Staff intensive
  - Incremental success
  - Treatment-intensive: poor understanding
  - Little to no reimbursement

Brenner Children's Hospital

---

---

---

---

---

---

---

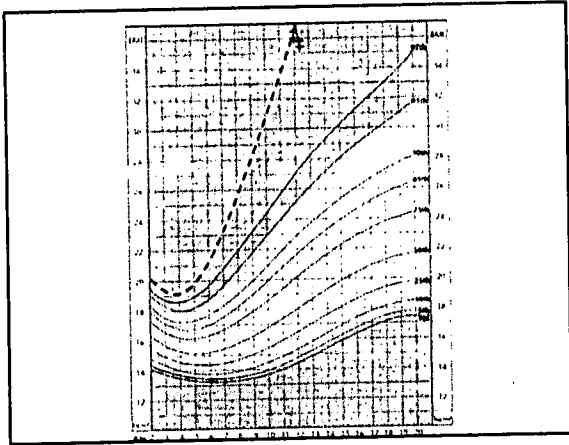
---

---

---

---

---



---

---

---

---

---

---

---

---

Thank You  
Questions

© 2011 Cengage Learning

---

---

---

---

---

---

---

---

**WHAT?**

- Roux-en-Y Gastric Bypass
- Laproscopic Adjustable Gastric Banding

© 2011 Cengage Learning

---

---

---

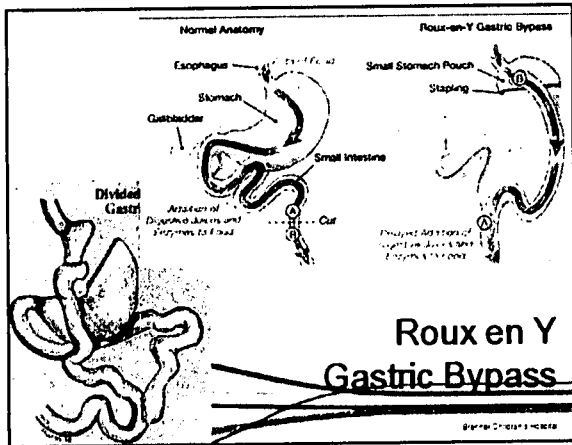
---

---

---

---

---



---

---

---

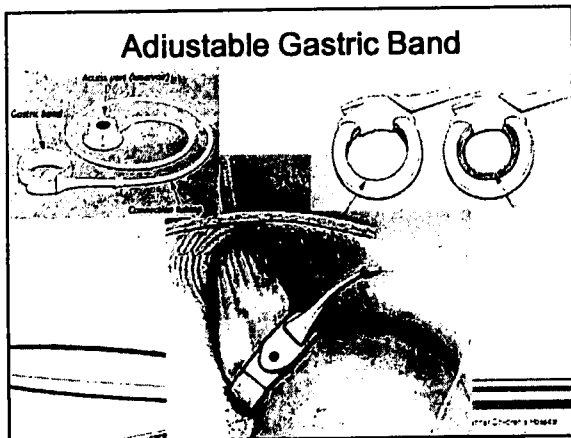
---

---

---

---

---



---

---

---

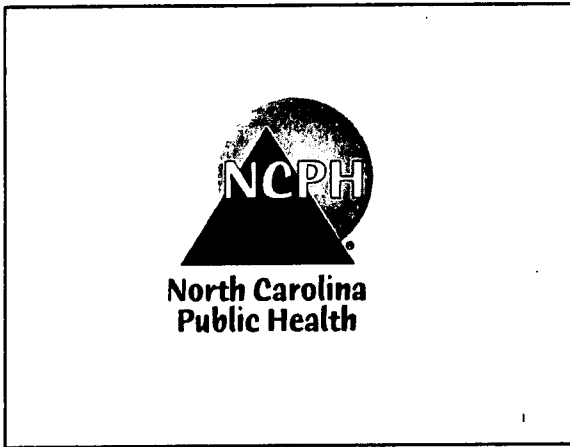
---

---

---

---

---



---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**  
N.C. DIVISION OF PUBLIC HEALTH

## Physical Activity Opportunities for School-age Children and Adolescents

Presented by:  
Lori K. Rhew, MA, PAPHS  
Physical Activity Unit Manager  
Physical Activity and Nutrition Branch  
N.C. Division of Public Health

---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**  
N.C. DIVISION OF PUBLIC HEALTH

## Mission

*The Physical Activity and Nutrition (PAN) Branch's mission is to reverse the rising tide of obesity and chronic diseases among North Carolinians, by helping them to eat smart, move more and achieve a healthy weight.*

**PHYSICAL ACTIVITY & NUTRITION BRANCH**  
N.C. DIVISION OF PUBLIC HEALTH

---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

## Goal

To help North Carolinians ...

- Achieve the recommended levels of physical activity
- Enjoy more fruits and vegetables and eat fewer sweet and fatty foods and drinks by making health foods available and more attractive
- Improve access to healthy eating and physical activity at worksites

4

---

---

---

---

---

---

---

---


**PHYSICAL ACTIVITY & NUTRITION BRANCH**

## Physical Activity Recommendations

Children and adolescents should engage in 60 minutes or more of daily physical activity.

Variety of activities: aerobic, muscular strengthening and bone strengthening.

- Physical Activity Guidelines for Americans 2008



5

---

---

---

---

---

---

---


---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

## North Carolina: Bottom Third in Health

### 35th out of 50 overall

43rd for heart disease & smoking  
43rd for heart disease  
36th for heart disease & smoking  
18th for heart disease



6

---

---

---

---

---

---

---

---



### Nearly one out of three children in North Carolina is overweight or obese

(CHAMP 2010, NC - NPASS 2010)

7

---

---

---

---

---

---

---

---



Childhood obesity is putting today's youth on a course to potentially be the first generation to live shorter, less healthy lives than their parents.

8

---

---

---

---

---

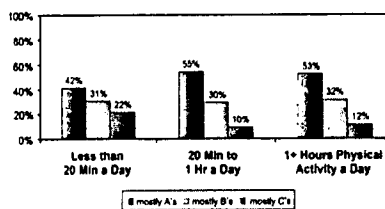
---

---

---



Parental Report of Child's Grades in School by Child's Daily Activity Level



9

---

---

---

---

---

---


---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

## Focus

- Increasing access to physical activity for all North Carolinians: children, adolescents and adults
  - In School
  - After School
  - Faith Communities
  - Neighborhoods



10

---

---

---

---


---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**



Speed Limit 45 mph

11

---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

## Making Physical Activity the Easy Choice

- Standards for physical activity in school and after school
- Community opportunities for recreational physical activity
- Environments that make physical activity the easy choice

12

---

---

---

---

---

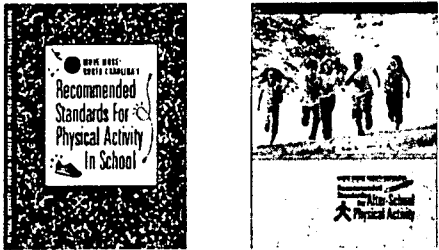
---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

### Partnership with Department of Public Instruction



13

---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

### Partnership with the Department of Public Instruction

- HSP-S-000 Healthy Active Children Policy
- Session Law 2010-61; House Bill 1757 – Fitness Testing Guidelines
- Session Law 2009-334; House Bill 1471- Joint Use Agreements

14

---

---

---

---

---

---

---

---

**PHYSICAL ACTIVITY & NUTRITION BRANCH**

### Making Physical Activity the Easy Choice

The Physical Activity and Nutrition Branch is one of many statewide partners working to help school age children and adolescents move more.

15

---

---

---

---

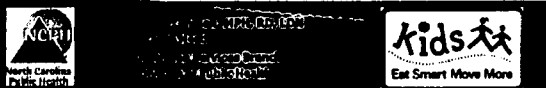
---

---

---

---

# Physical Activity Opportunities Early Childhood Years




---

---

---

---

---

---

---

---

## Outline

- › Overweight and obesity preschool children
- › Physical activity in preschool children
- › North Carolina policies to improve physical activity
- › Public Health opportunities to influence physical activity in preschool children
- › Division of Public Health Childcare Wellness Grants

---

---

---

---

---

---

---

---

## Definition of Overweight and Obesity in Children and Adolescents

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than 95th percentile
Obese	Equal or greater than the 95th percentile

Reference: [www.cdc.gov/healthyweight/assessing/html/childrens\\_html/obesity.html](http://www.cdc.gov/healthyweight/assessing/html/childrens_html/obesity.html)

---

---

---

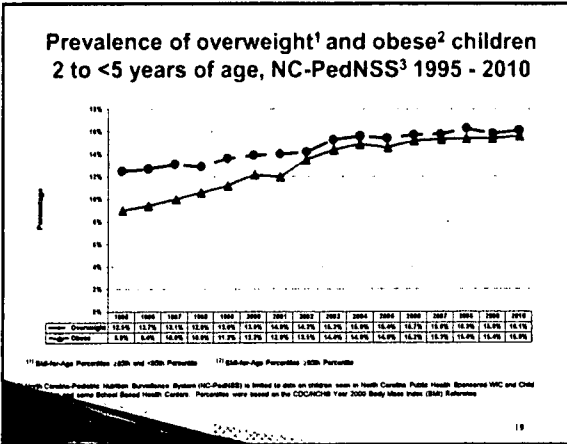
---

---

---

---

---




---

---

---

---

---

---

---

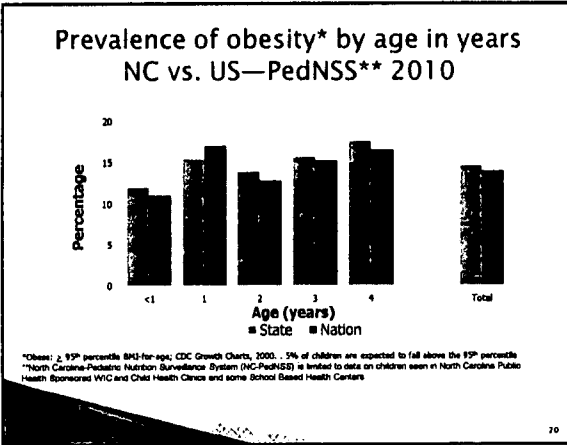
---

---

---

---

---




---

---

---

---

---

---

---

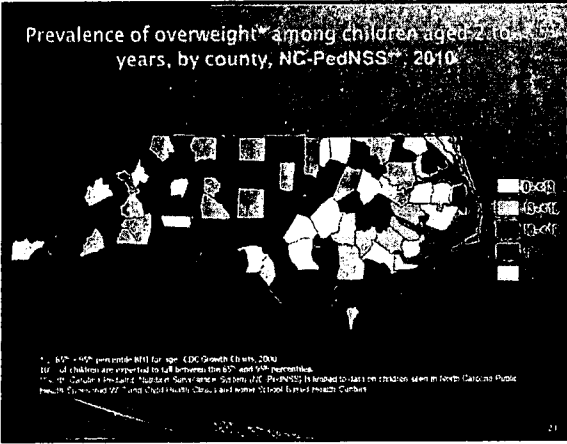
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

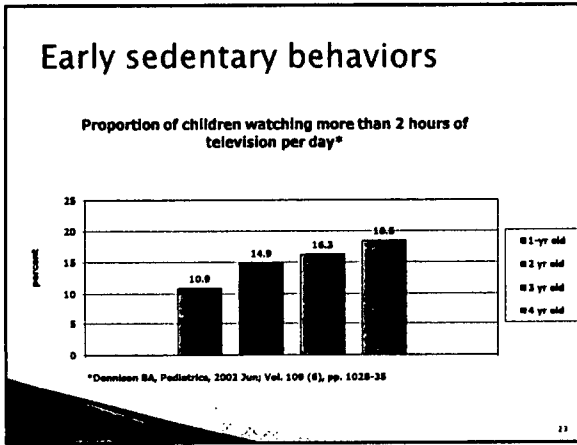
---

---

---

---

---




---

---

---

---

---

---

---

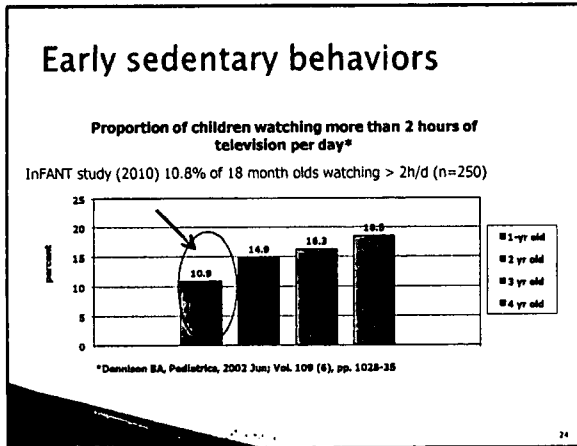
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

### NC Policies to Increase Physical Activity



25

---

---

---

---

---

---

---

---

### Division of Child Development Requirements

- ▶ Activity Schedule Outdoor Plan
  - All children must play outside at least once per day
  - Under 2 years of age- 30 minutes
  - Two years of age and older- 1 hour



10NCAC 09 .0508

26

---

---

---

---

---

---

---

---

### Activity Schedule

- ▶ Must include at least one daily gross motor activity
  - Indoors
  - Outdoors
  - All ages



10NCAC 09.0508

27

---

---

---

---

---


---

---

---

### Activity Areas: Screen Time

Under 2 years of age	NONE
2 years of age and older	2 ½ hours / week



10 NCAC 09 .0510 & .0511

28

---

---

---

---

---


---

---

---

### Screen Time

- › Screen time must
  - Only be offered as a free-choice activity
  - Used to meet a developmental goal
  - Be monitored



NCAC09 .0510, .0511 & .2508

29

---

---

---

---


---

---


---

---

### Public Health Opportunities to Influence



Physical Activity	Nutrition
-------------------	-----------



---

---

---

---

---

---

---

---

### Child and Adult Care Food Program (CACFP)

- › Child Care Centers- 2,100+ Centers
- › Family Day Care Homes- 2,700+ homes

On going staff training and support of physical activity licensing requirements.



11

---

---

---

---

---

---

---

---

### Kids Eat Smart Move More

- › Child Care Wellness Grant to NC CACFP
  - Statewide Policy Development
  - Improved Nutrition Standards for meals
  - Physical Activity Guidelines
- › Statewide Training and Technical Assistance
  - Nutrition and Physical Activity Self Assessment- NAP-SACC
  - Nutrition Standard Implementation
    - Menu development, food budgeting
    - Food preparation
  - Physical Activity Enhancements
  - Nutrition Education for staff, families and children



12

---

---

---

---

---

---

---

---

### Local Child Care Grants

#### Competitive Application Process

- › \$463,335 available funds
- › \$ 2,500 grant for single center
- › \$ 14,400 maximum for multi-center or multi-homes grants

Total of 185 grant awards



13

---

---

---

---

---

---

---

---

## Local Child Care Grants

► To Date

- 50 grants awarded
  - Develop gross motor activity play area
  - Purchase portable small playground equipment
  - Partner with local fitness instructor for children and staff
  - Incorporate Be Active Kids®
  - Incorporate Active Play!
- Second round of grant applications announced



14

---

---

---

---

---

---

---

---

## HEALTHY ACTIVE CHILDREN POLICY

Local school systems were given a charge to implement the Healthy Active Children Policy through board action in January of 2003. The policy is included below.

### NORTH CAROLINA STATE BOARD OF EDUCATION POLICY MANUAL

**PRIORITY:** High Student Performance

**CATEGORY:** Student Health Issues

**POLICY ID NUMBER:** HSP-S-000

**POLICY TITLE:** Policy regarding physical education in the public schools

**CURRENT POLICY DATE:** 04/07/2005

### HEALTHY ACTIVE CHILDREN:

#### SECTION 1 LOCAL SCHOOL HEALTH ADVISORY COUNCIL

- (a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy as well as other health issues as part of the coordinated school health plan.
- (b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

#### SECTION 2 PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

- (a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, kindergarten through eighth grades are to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of and move toward having 150 minutes per week with a certified physical education teacher throughout the 180 day school year. Middle schools should consider the benefits of and move toward having 225 minutes per week of Healthful Living Education with certified health and physical education teachers throughout the 180-day school year.
- (b) The physical education course shall be the environment in which students learn, practice and receive assessment on developmentally appropriate motor skills, social skills, and knowledge as defined in the North Carolina Healthful Living Standard Course of Study and foster support and guidance for being physically active. In order to meet enhanced goals, these classes should be the same class size as other regular classes.

### **SECTION 3 RECESS AND PHYSICAL ACTIVITY**

- (a) Structured/unstructured recess and other physical activity (such as, but not limited to, physical activity time, physical education or intramurals) shall not be taken away from students as a form of punishment or be used as a form of punishment for students.
- (b) A minimum of 30 minutes of moderate to vigorous physical activity shall be provided by schools for all K-8 students daily. This requirement can be achieved through a regular physical education class and/or through activities such as recess, dance, classroom energizers, or other curriculum based physical education activity programs. However, such use of this time should complement and not substitute for the physical education program.
- (c) The physical activity required by this section must involve physical exertion of at least a moderate to vigorous intensity level and for a duration sufficient to provide a significant health benefit to students.

### **SECTION 4 COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)**

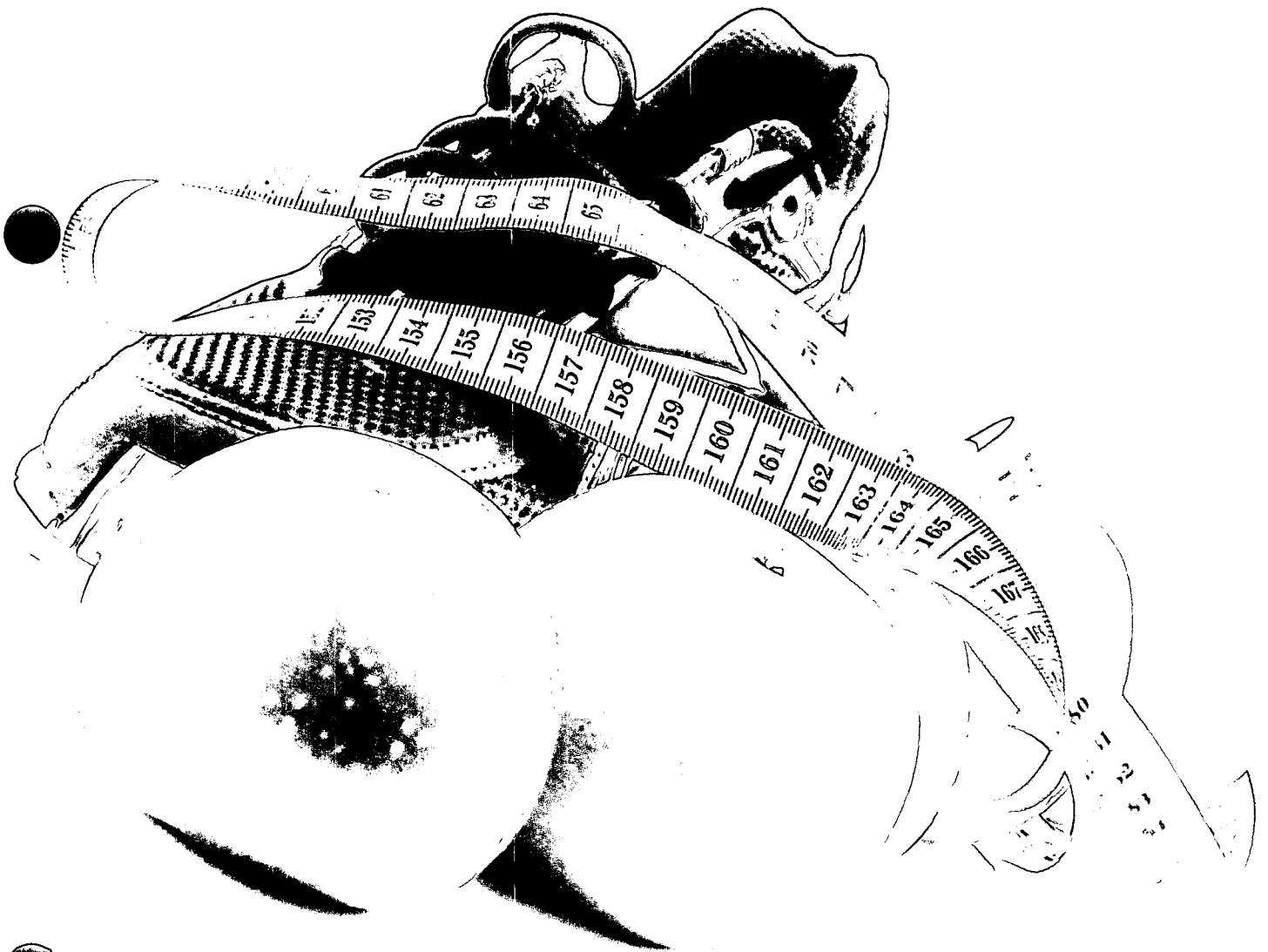
- (a) The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:
  - (1) safe environment;
  - (2) physical education;
  - (3) health education;
  - (4) staff wellness;
  - (5) health services;
  - (6) mental and social health;
  - (7) nutrition services; and
  - (8) parental/family involvement.
- (b) The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

### **SECTION 5 THIS POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006-2007 SCHOOL YEAR.**

- (a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006-2007 school year and shall include a review and appropriate modification of existing physical education and health curricula.
- (b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.
- (c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005, 2006 and 2007.
- (d) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and physical activity received by students in each school within the district.
- (e) This report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction and local boards of education.
- (f) Progress reports and the annual reports shall also include any other information that may be recommended from the State Board of Education's Ad Hoc Committee studying implementation of the physical education and Healthful Living programs in kindergarten through eighth grades.

# FITNESS TESTING GUIDELINES

JUNE 2011



## **FITNESS TESTING GUIDELINES**

House Bill 1757 directs the NC State Board of Education to adopt guidelines for the development and implementation of evidenced-based fitness testing for students in grades Kindergarten through eight. Please note that fitness testing is voluntary; however, if fitness testing is being conducted these newly adopted guidelines should be followed. Implementation of the guidelines is to begin with the 2011-2012 school year.

## **ACKNOWLEDGEMENTS**

Several health education, physical education and physical fitness professionals and researchers were involved in the development of the fitness testing guidelines for K-8 students in North Carolina. Special appreciation is extended to:

Laura Aiken, WakeMed Health and Hospitals  
Pam Elliott, HOPSports, Inc.  
Ellen Essick, NC Department of Public Instruction  
Paula Hudson Hildebrand, NC Department of Public Instruction  
Suzanne Lazorick, Brody School of Medicine, East Carolina University  
Matt Mahar, East Carolina University  
Judy Martino, NC Alliance for Athletics, Health, Physical Education, Recreation and Dance  
Ron Morrow, NC Alliance for Athletics, Health, Physical Education, Recreation and Dance  
Jimmy Newkirk, NC Division of Public Health  
Kara Richards, NC Division of Public Health  
Pam Seamans, NC Alliance for Health  
Laurie Stradley, NC Center for Health and Wellness, UNC Asheville  
Betsy Vetter, American Heart Association

---

## **STATE BOARD OF EDUCATION**

The guiding mission of the North Carolina State Board of Education is that every public school student will graduate from high school, globally competitive for work and postsecondary education and prepared for life in the 21st Century.

**WILLIAM C. HARRISON**  
Chairman :: Fayetteville

**REGINALD KENAN**  
Rose Hill

**JOHN A. TATE III**  
Charlotte

**WAYNE MCDEVITT**  
Vice Chair :: Asheville

**KEVIN D. HOWELL**  
Raleigh

**ROBERT "TOM" SPEED**  
Boone

**WALTER DALTON**  
Lieutenant Governor :: Rutherfordton

**SHIRLEY E. HARRIS**  
Troy

**MELISSA E. BARTLETT**  
Roxboro

**JANET COWELL**  
State Treasurer :: Raleigh

**CHRISTINE J. GREENE**  
High Point

**PATRICIA N. WILLOUGHBY**  
Raleigh

**JEAN W. WOOLARD**  
Plymouth

## **NC DEPARTMENT OF PUBLIC INSTRUCTION**

**June St. Clair Atkinson, Ed.D., State Superintendent**  
301 N. Wilmington Street :: Raleigh, North Carolina 27601-2825

In compliance with federal law, NC Public Schools administers all state-operated educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

### **Inquiries or complaints regarding discrimination issues should be directed to:**

Dr. Rebecca Garland, Chief Academic Officer :: Academic Services and Instructional Support  
6368 Mail Service Center, Raleigh, NC 27699-6368 :: Telephone: (919) 807-3200 :: Fax: (919) 807-4065

**Visit us on the Web ::** [www.ncpublicschools.org](http://www.ncpublicschools.org)

## Introduction

With the passage of House Bill 1757 (7/10/2010), the State Board of Education was given the task to adopt guidelines for the development and implementation of evidence-based fitness testing for students statewide in grades Kindergarten through eight. The *Guidelines for Fitness Testing* outline the opportunities and issues associated with the process of implementing fitness testing as required by Session Law 2010-161. The *Guidelines* do not address the specifics of test methodology; rather, they provide the context, benefits, testing overview and associated actions leading toward implementation.

## Philosophy

As described in *Move More: North Carolina's Recommended Standards for Physical Activity in School*, physical activity is a behavior while physical education is a curriculum that includes physical activity. Physical fitness is an outcome related to an individual's ability to perform physical activity. Both the North Carolina Institute of Medicine Task Force on Prevention and the North Carolina Task Force on Preventing Childhood Obesity stated that implementation of quality physical education and healthful living are highly recommended priorities. Likewise, the North Carolina Department of Public Instruction has incorporated the understanding of health-related fitness assessments in the Healthful Living Essential Standards (K.HF.3). Physical Education provides opportunities for students to learn and practice life skills and to be physically active. Fitness testing should provide summaries of an individual student's performance on each component and provides suggestions about how to promote and maintain a high level of fitness.

It has been recommended by The Centers for Disease Control and Prevention (CDC) that children engage in at least 60 minutes of physical activity a day to promote academic achievement as well as to reduce the likelihood of obesity and other negative health outcomes associated with physical inactivity. As reported by the Child Assessment and Monitoring Program, 20% of North Carolina students do not meet this recommendation and 32.3% of students age 10 to 17 are overweight or obese. The health implications for inactivity and obesity include diabetes, asthma, and other health related conditions. Of those students who report a doctor has told them they were overweight or obese, 14.9% have also reported asthma compared to only 8.9% of students in the normal weight range. Furthermore, the weight status of a student is also tied to academic performance in the classroom. Over half of students having a recommended weight status made mostly A's in school. In comparison, 44% of overweight students and only one-third of obese students made mostly A's as self-reported in the 2009 NC Youth Risk Behavior Survey (YRBS) data.

Information gathered from regular fitness testing in schools can provide a picture of fitness levels on a school-wide and state-wide level. Families, teachers, administrators, and communities can use this information to better understand and advocate for fitness for youth across the state of North Carolina. This opportunity may help to reduce high rates of obesity and in turn, create successful, healthy students.

## Guidelines

Physical fitness testing should support the State Board of Education's Healthy and Responsible Students priority and align with the North Carolina Essential Standards for Healthful Living. The purposes of fitness testing are for students to become independent learners; to know and understand their current health status and learn how to maintain or improve their health and fitness. Students should understand that not all students can or need to be elite athletes but ALL students can and should enjoy the benefits of a physically active lifestyle.

The selected fitness test battery should assess health-related physical fitness and use *criterion-referenced standards*. Criterion-referenced standards can be used to determine whether students have met a desirable level of fitness. Such standards are based on research and tying a level of fitness to a positive health outcome. To have a criterion-referenced standard, a fitness test must measure some element that is part of being healthy. In addition, the validity and reliability of the standards must be determined through research studies designed to ensure the scientific integrity of the test battery, protocols, and criteria and to make sure the test results correlate with the intended outcome.

Health-related physical fitness includes the following: aerobic capacity, body composition, muscular strength, muscular endurance, and flexibility.

### Examples of test items could include:

- aerobic capacity - pacer, one mile run, walk test
- muscular strength/endurance – curl-up, trunk lift, push-up, flexed arm hang, modified pull-ups
- flexibility – sit and reach, shoulder stretch
- body composition – Body Mass Index (BMI), percent Body Fat (BF)

Appropriate teacher training and technical assistance should be available to teachers to ensure the highest integrity of fitness testing administration throughout the state. Face-to-face and on-line training including videos, power point presentations, and pdf information sheets should be a part of this ongoing training. The selected fitness test battery should be able to produce data which can be used by teachers, physical education coordinators, administrators, research partners, and local and state policy makers. The reporting system should be able to produce easily understood reports for students and their parents and support analysis at the school, LEA, and state-wide levels. Due to the potential cost of printing fitness reports, an electronic report distribution system is recommended. However, alternate methods should be available for those parents without access to email. In addition, a data management system that would allow integration with the current NC student management system (NCWISE) on a web-based platform would allow teachers to access their students' records conveniently and from any internet connection. Security and confidentiality must be maintained for all student data.

The primary use of the data collected from fitness testing is for facilitating fitness education. Fitness test data should provide feedback through reports, inform students about criterion-referenced health standards, and describe what types of activity are needed to reach improved health levels. Fitness test reports should be used by students to track their fitness results over time and provide documentation to their parents. Finally, the results of fitness testing should be used by teachers in curriculum development and individualized instruction. Fitness testing results should not be used to grade individual students in Physical Education. Scores should not be posted. Neither should students' scores be used to evaluate teacher effectiveness nor should they be used as a sole measure to evaluate the overall quality of a physical education program or curriculum.

Assessment of physical activity with pedometers or with other instruments with evidence of validity is recommended, when possible. The process of assessing physical activity sends a crucial message to students and parents that physical activity is important. This recommendation is in agreement with the North Carolina Essential Standards for Healthful Living, which emphasizes implementation of a regimen of health enhancing physical activity.

## **Implementation**

When appropriate and feasible, it is recommended that fitness testing be conducted at the beginning of the school year and at the end of the school year. All students enrolled in Physical Education should be required to be assessed at least one time per year. Testing at the beginning and at the end of the school year can provide information to help students understand their current fitness levels, evaluate their current activity habits, and plan changes to their physical activity programs. In addition, this can provide relevant feedback to teachers and stakeholders about the health-related fitness status of students.

Fitness test administrators should be trained prior to measurement of students. Results of all testing should be shared, confidentially, with the student and his/her parent. School data should be shared with the LEA and the state, when appropriate.

## **Call to Action**

North Carolina has both a tremendous opportunity and obligation to make a difference in the health of its children. Physical Education provides a critical learning opportunity for lifetime skills and should include fitness testing as part of the periodic evaluation process.

Fitness testing provides learning and growth opportunities for the student and improvement and specialization of classroom instruction. Also, results from fitness testing provide constructive feedback about the current health trends to the school and the LEA. Assessment of physical fitness and physical activity provide an opportunity to promote physical activity as the norm. Results from fitness testing can be used to engage families and the community as supporting resources. It should be noted that the goal of fitness testing is not to focus on measurement and assessment of fitness in and of itself but on the individual student's ability to develop life-long health skills.

## **Be A Part of the Solution**

### **Students**

- Learn the importance of health and fitness
- Learn how to assess fitness levels
- Set personal goals and track success over time
- Engage in at least 60 minutes of physical activity each day

### **Families**

- Ask your child's teacher for fitness testing results and opportunities to improve
- Understand the needs of your child and develop family activity plans
- Advocate for increased health education, physical education, and physical activity in the schools
- Volunteer to assist with fitness testing

### **Teachers/Staff**

- Use results to develop and implement physical education lessons and health activities that meet the needs and enhance the skills of the whole class
- Set individualized goals for students and encourage success
- Track fitness levels and physical activity for students and classes over time
- Advocate for more healthful living education in the schools

### **Principals**

- Encourage individual student success
- Institute school-wide improvements
- Use fitness level data to make county-wide and state-wide comparisons
- Support environments that encourage physical activity
- Advocate for more health education, physical education and physical activity in all schools, for all students

### **School Superintendents/School Board Members**

- Encourage the development of a fitness testing policy in your district
- Require fitness testing and comprehensive quality physical education and health education instruction for Kindergarten through eighth grade and encourage continuation through high school

### **Community and State Leaders**

- Advocate for more health education, physical education, and physical activity in all schools, for all students
- Assist schools with fitness testing and other events which promote physical activity

## References

Ballard K, Caldwell D, Dunn C, Hardison A, Newkirk J, Sanderson M, Schneider L, Thaxton Vodicka S, Thomas C, *Move More: North Carolina's Recommended Standards for Physical Activity in School*. North Carolina DHHS, Division of Public Health, Raleigh, NC; 2005.

North Carolina Child Health Assessment and Monitoring Program (CHAMP). North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. 2009. Available at: <http://www.schs.state.nc.us/SCHS/champ/2009/topics.html>

The Cooper Institute. FitnessGram®/ActivityGram® Test Administration Manual, Updated Fourth Edition. Editors Marilu D. Meredith & Gregory S. Welk. 2010.

## Materials and Tools for Implementing the Essential Standards in Healthful Living Education

[These are support materials developed to date. There will be additional materials for teachers and curriculum specialists in the future.]

<b>Essential Standards</b>	Essential Standards are written to identify the most critical knowledge, understandings, and skills that a student must learn in a grade or course in order to be successful at the next level of learning and for life beyond the classroom.	<a href="http://www.ncpublicschools.org/acre/standards/new-standards/#healthful">www.ncpublicschools.org/acre/standards/new-standards/#healthful</a>
<b>Clarifying Objectives</b>	Clarifying objectives indicate what the student will know or be able to do using more specific cognitive processes than the standards.	<a href="http://www.ncpublicschools.org/acre/standards/new-standards/#healthful">www.ncpublicschools.org/acre/standards/new-standards/#healthful</a>
<b>Assessment Prototypes</b>	Assessment prototypes are examples of how a clarifying objective might be assessed.	Not available at this time, may be used in creating assessment activities for lesson plans in teacher manuals
<b>Crosswalks</b>	Crosswalks are intended to assist educators in the transition from the 2006 Standard Course of Study to the Essential Standards in 2012-2013.	<a href="http://www.ncpublicschools.org/acre/standards/support-tools">www.ncpublicschools.org/acre/standards/support-tools</a> Scroll down to Healthful Living Crosswalks; click on grade span and Health or PE.
<b>Unpacking</b>	Unpacking is a description of what the student will know, understand, and be able to do. It should be helpful, specific, and comprehensive for educators.	<a href="http://www.ncpublicschools.org/acre/standards/support-tools">www.ncpublicschools.org/acre/standards/support-tools</a> Scroll down to Healthful Living Unpacking Standards; click on grade span and Health or PE.
<b>Implementation Guide</b>	The Implementation Guide provides an introduction to the standards, describes the alignment of NC Standards with the national standards in health education and physical education, and lists connections and resources for medically accurate content.	Available on CD-ROM given to team from your LEA

**North Carolina Essential Standards  
 Health Education- Grades K – 2**

Note on Numbering: MEH-Mental and Emotional Health, PCH-Personal and Consumer Health, ICR-Interpersonal Communications and Relationships, NPA-Nutrition and Physical Activity, ATOD-Alcohol, Tobacco, and Other Drugs

**MENTAL AND EMOTIONAL HEALTH**

	Essential Standard	Clarifying Objectives
K.MEH.1	Remember the association of healthy expression of emotions, mental health, and healthy behavior	Recognize feelings and ways of expressing them
		Recall stressors and stress responses
		Illustrate personal responsibility for actions and possessions

**PERSONAL AND CONSUMER HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
K.PCH.1	Apply measures for cleanliness and disease prevention.	<p>K.PCH.1.1 Use steps of correct hand washing at appropriate times throughout the day</p> <p>K.PCH.1.2 Illustrate proper tooth brushing techniques</p> <p>K.PCH.1.3 Explain rationale for not sharing hygiene products (combs, brushes, toothbrushes)</p>
K.PCH.2	Understand necessary steps to prevent and respond to unintentional injury.	<p>K.PCH.2.1 Recognize the meanings of traffic signs and signals.</p> <p>K.PCH.2.2 Explain the benefits of wearing seat belts and bicycle helmets.</p> <p>K.PCH.2.3 Illustrate how to get help in an emergency</p> <p>K.PCH.2.4 Identify appropriate responses to warning signs, sounds, and labels.</p>

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
K.ICR.1	Understand healthy and effective interpersonal communication and relationships.	<p>K.ICR.1.1 Explain reasons for sharing.</p> <p>K.ICR.1.2 Compare people in terms of what they have in common and how they are unique.</p> <p>K.ICR.1.3 Summarize protective behaviors to use when approached by strangers.</p> <p>K.ICR.1.4 Recognize bullying, teasing, and aggressive behaviors and how to respond.</p>

**NUTRITION AND PHYSICAL ACTIVITY**

		Clarifying Objectives	
K.NPA.1	Understand MyPlate as a tool for selecting nutritious foods	K.NPA.1.1	Classify foods by groups in MyPlate
		K.NPA.1.2	Recall foods and beverages beneficial to teeth and bones
		K.NPA.1.3	Recall activities for fitness and recreation during out of school hours
K.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	K.NPA.2.1	Recognize nutrient-dense foods in a list of foods that are culturally diverse
		K.NPA.2.2	Summarize the importance of a healthy breakfast and lunch

## ALCOHOL, TOBACCO, AND OTHER DRUGS

Essential Standard		Clarifying Objectives	
K.ATOD.1	Understand how to use household products and medicines safely.	K.ATOD.1.1	Explain what is likely to happen if harmful household products are ingested or inhaled.
		K.ATOD.1.2	Classify things found around the house as medicinal drugs or other (e.g. candy).
		K.ATOD.1.3	Identify adults and professionals who can be trusted to provide safety information about household products and medicines.
		K.ATOD.1.4	Use appropriate strategies to access help when needed in emergencies involving household products and medicines.

## MENTAL AND EMOTIONAL HEALTH

Essential Standard		Clarifying Objectives	
1.MEH.1	Understand the relationships among healthy expression of emotions, mental health, and healthy behavior	1.MEH.1.1	Use effective communication to express and cope with emotions
		1.MEH.1.2	Use methods of positive coping with disappointment and failure
		1.MEH.1.3	Classify stressors as eustress or distress.

**PERSONAL AND CONSUMER HEALTH**

		Clarifying Objectives	
1.PCH.1	Essential Standard Apply measures for cleanliness and disease prevention.	1.PCH.1.1	Recognize that germs produce illness and can be spread from one person to another
		1.PCH.1.2	Use measures for preventing the spread of germs
1.PCH.2	Essential Standard Understand wellness, disease prevention, and recognition of symptoms.	1.PCH.2.1	Illustrate symptoms of sickness and measures for getting well
		1.PCH.2.2	Summarize the transition between primary and permanent teeth and steps for seeking help for dental problems
1.PCH.3	Essential Standard Understand necessary steps to prevent and respond to unintentional injury.	1.PCH.3.1	Identify safety hazards in the home and injury prevention strategies
		1.PCH.3.2	Identify items that can cause burns, strategies to prevent fire and burn injury
		1.PCH.3.3	Execute the Stop, Drop, and Roll response.
		1.PCH.3.4	Execute an emergency phone call.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

		Clarifying Objectives	
1.ICR.1	Essential Standard Understand healthy and effective interpersonal communication and relationships.	1.ICR.1.1	Explain the importance of demonstrating respect for the personal space and boundaries of others
		1.ICR.1.2	Explain the value of having a diversity of students in the classroom.
		1.ICR.1.3	Contrast tattling with reporting aggression, bullying, and violent behavior
		1.ICR.1.4	Contrast appropriate and inappropriate touch.
		1.ICR.1.5	Illustrate how to seek adult assistance for inappropriate touch

**NUTRITION AND PHYSICAL ACTIVITY**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
1.NPA.1	Understand MyPlate as a tool for selecting nutritious foods	1.NPA.1.1 Select a variety of foods based on MyPlate
		1.NPA.1.2 Contrast more nutrient dense foods from those that are less nutrient dense.
1.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	1.NPA.2.1 Classify the sources of a variety of foods
		1.NPA.2.2 Select healthy alternatives to foods and beverages that are high in sugar.
1.NPA.3	Remember fitness concepts to enhance quality of life.	1.NPA.3.1 Recognize the benefits of physical activity
		1.NPA.3.2 Recall fitness and recreation activities that can be used during out of school hours.

## ALCOHOL, TOBACCO, AND OTHER DRUGS

	Essential Standard	Clarifying Objectives
1.ATOD.1	Understand how to use household products and medicines safely.	<p>1.ATOD.1.1 Recognize the harmful effects of medicine when used incorrectly.</p> <p>1.ATOD.1.2 Recognize how to behave safely with medicines and household cleaners.</p> <p>1.ATOD.1.3 Classify products as harmful or safe.</p> <p>1.ATOD.1.4 Summarize strategies for reporting harmful substances.</p>

## MENTAL AND EMOTIONAL HEALTH

	Essential Standard	Clarifying Objectives
2.MEH.1	Understand the relationship among healthy expression of emotions, mental health, and healthy behavior	<p>2.MEH.1.1 Identify appropriate standards for behavior</p> <p>2.MEH.1.2 Summarize behaviors that help to avoid risks</p> <p>2.MEH.1.3 Explain the influence of peers, the media, and the family on feelings and emotions.</p> <p>2.MEH.1.4 Explain the influence on self-concept on performance and vice versa.</p> <p>2.MEH.1.5 Summarize the potential negative effects of stress on the body and mind</p>

**PERSONAL AND CONSUMER HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>	
2.PCH.1	Apply measures for cleanliness and disease prevention.	2.PCH.1.1	Recall the benefits of good dental health
2.PCH.2	Understand wellness, disease prevention, and recognition of symptoms.	2.PCH.1.2	Execute the proper techniques for brushing teeth
		2.PCH.2.1	Summarize reasons and strategies for preventing contact with body fluids
		2.PCH.2.2	Explain the dangers associated with excessive sun exposure (e.g., sun burn, damage to eyes, skin cancer) and methods for protecting oneself from these dangers

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
2.ICR.1	Understand healthy and effective interpersonal communication and relationships.	2.ICR.1.1 Classify behaviors as helpful or hurtful to friendships.
		2.ICR.1.2 Interpret the feelings of others and how to respond when angry or sad.
		2.ICR.1.3 Explain why it is wrong to tease others
		2.ICR.1.4 Recognize bullying behaviors and what to do if someone is bullied
		2.ICR.1.5 Exemplify how to communicate with others with kindness and respect.

**NUTRITION AND PHYSICAL ACTIVITY**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
2.NPA.1	Understand MyPlate as a tool for selecting nutritious foods	<p>2.NPA.1.1 Recognize the interrelationship of parts of MyPlate</p> <p>2.NPA.1.2 Plan meals that are chosen for energy and health</p> <p>2.NPA.1.3 Classify activities in terms of their appropriateness for a healthy lifestyle</p>
2.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	2.NPA.2.1 Summarize motivations for eating food, including hunger vs. satiety.
2.NPA.3	Remember nutrition and fitness concepts to enhance quality of life.	<p>2.NPA.2.2 Explain the importance of a healthy breakfast and lunch</p> <p>2.NPA.3.1 Contrast a physically active and inactive lifestyle</p>

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

Essential Standard		Clarifying Objectives	
2.ATOD.1 Understand how to use household products and medicines safely.	2.ATOD.1.1	Classify uses of medicine or drugs as appropriate and inappropriate.	
	2.ATOD.1.2	Summarize the health risks associated with inappropriate medicine and drug use.	
	2.ATOD.1.3	Use goal-setting strategies to prevent the misuse of medicines or household products.	



**North Carolina Essential Standards  
Health Education- Grades 3 – 5**

Note on Numbering: **MEH**-Mental and Emotional Health, **PCH**-Personal and Consumer Health, **ICR**-Interpersonal Communications and Relationships, **NPA**-Nutrition and Physical Activity, **ATOD**-Alcohol, Tobacco, and Other Drugs

**MENTAL AND EMOTIONAL HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
3.MEH.1	Understand positive stress management strategies	<p>3.MEH.1.1 Explain how self-control is a valuable tool in avoiding health risks</p> <p>3.MEH.1.2 Classify stress as preventable or manageable</p>
3.MEH.2	Understand the relationship between healthy expression of emotions, mental health, and healthy behavior	<p>3.MEH.2.1 Identify common sources for feelings of grief or loss.</p> <p>3.MEH.2.2 Summarize how to seek resources for assistance with feelings of grief or loss</p>

**PERSONAL AND CONSUMER HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
3.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	3.PCH.1.1 Classify behaviors in terms of whether they are related to physical, social, mental, and emotional health
3.PCH.2	Apply measures for cleanliness and disease prevention.	3.PCH.1.2 Classify behaviors in terms of whether they do or do not contribute to healthy living 3.PCH.2.1 Recognize plaque and lack of dental hygiene result in gum disease and cavities.
3.PCH.3	Understand necessary steps to prevent and respond to unintentional injury.	3.PCH.2.2 Implement proper flossing to prevent tooth decay and gum disease 3.PCH.3.1 Use methods for prevention of common unintentional injuries.
		3.PCH.3.2 Summarize methods that increase and reduce injuries in and around water.
		3.PCH.3.3 Summarize the dangers of weapons and how to seek help if a weapon or firearm is found.
		3.PCH.3.4 Implement a plan to escape fire at home while avoiding smoke inhalation.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

	Essential Standard	Clarifying Objectives
3.ICR.1	Understand healthy and effective interpersonal communication and relationships.	3.ICR.1.1 Summarize qualities and benefits of a healthy relationship.
		3.ICR.1.2 Plan how to show compassion for all living things and respect for other people's property
		3.ICR.1.3 Illustrate how to seek help from an adult if a weapon is found or a threat is communicated
		3.ICR.1.4 Illustrate how to effectively and respectfully express opinions that differ
		3.ICR.1.5 Analyze situations in terms of the strategies used by people in those situations that help or hinder healthy relationships.

**NUTRITION AND PHYSICAL ACTIVITY**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
3.NPA.1	Apply tools (MyPlate, Food Facts Label) to plan healthy nutrition and fitness.	<p>3.NPA.1.1 Use MyPlate to eat a nutritious breakfast each morning</p> <p>3.NPA.1.2 Check the Food Facts Label to determine foods that are low in sugar and high in calcium</p> <p>3.NPA.1.3 Plan activities for fitness and recreation during out of school hours</p>
3.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	<p>3.NPA.2.1 Identify the sources of a variety of foods</p> <p>3.NPA.2.2 Categorize beverages that are more nutrient dense</p> <p>3.NPA.2.3 Recognize appropriate portion sizes of foods for most Americans</p>

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

		Clarifying Objectives	
Essential Standard			
3.ATOD.1	Understand how to use household products and medicines safely.	3.ATOD.1.1	Identify examples of medications that help individuals with common health problems.
		3.ATOD.1.2	Recall rules for taking medicine at school and at home.
3.ATOD.2	Apply strategies involving risk-reduction behaviors to protect self and others from the negative effects of alcohol, tobacco, and other drugs.	3.ATOD.2.1	Use refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs.
		3.ATOD.2.2	Identify ways of refusing to ride in vehicles driven by someone who has been using alcohol.

**MENTAL AND EMOTIONAL HEALTH**

		<b>Clarifying Objectives</b>	
<b>Essential Standard</b>			
4.MEH.1	Apply positive stress management strategies	4.MEH.1.1	Summarize effective coping strategies to manage eustress and distress
		4.MEH.1.2	Implement healthy strategies for handling stress, including asking for assistance.
4.MEH.2	Understand the relationship between healthy expression of emotions, mental health, and healthy behavior	4.MEH.2.1	Identify unique personal characteristics that contribute to positive mental health
		4.MEH.2.2	Explain how effective problem solving aids in making healthy choices

**PERSONAL AND CONSUMER HEALTH**

		Clarifying Objectives	
Essential Standard			
4.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	4.PCH.1.1	Explain how to prevent or control common childhood illnesses and conditions such as asthma, allergies, diabetes, and epilepsy
		4.PCH.1.2	Recognize methods that prevent the spread of germs that cause communicable diseases
4.PCH.2	Understand body systems and organs, functions, and their care.	4.PCH.2.1	Identify the basic components and functions of the respiratory system
		4.PCH.2.2	Summarize habits to care for the skin
4.PCH.3	Analyze health information and products.	4.PCH.3.1	Outline the functions of various health products
		4.PCH.3.2	Analyze advertisements of health products and services in terms of claims made and the validity of those claims.
4.PCH.4	Understand necessary steps to prevent and respond to unintentional injury.	4.PCH.4.1	Explain why it is safe to be a friend of someone who has a disease or health condition (cancer, HIV, asthma, or epilepsy)
		4.PCH.4.2	Identify personal protection equipment needed for sports or recreational activities
		4.PCH.4.3	Illustrate skills for providing first aid for choking victims (including the Heimlich maneuver)

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
4.ICR.1	Understand healthy and effective interpersonal communication and relationships.	<p>4.ICR.1.1 Explain the importance of showing respect for self and respect and empathy for others.</p> <p>4.ICR.1.2 Exemplify empathy toward those affected by disease and disability</p> <p>4.ICR.1.3 Interpret facial expressions and posture to emotions and empathy</p> <p>4.ICR.1.4 Recognize situations that might lead to violence</p> <p>4.ICR.1.5 Exemplify how to seek assistance for bullying</p> <p>4.ICR.1.6 Contrast healthy and unhealthy relationships.</p>
4.ICR.2	Understand the changes that occur during puberty and adolescence.	<p>4.ICR.2.1 Summarize physical and emotional changes during puberty.</p> <p>4.ICR.2.2 Recognize that individuals experience puberty at different rates (early, average, late)</p>

**NUTRITION AND PHYSICAL ACTIVITY**

		Clarifying Objectives	
Essential Standard			
4.NPA.1	Apply tools (MyPlate, Food Facts Label) to plan healthy nutrition and fitness.	4.NPA.1.1	Plan meals using MyPlate
		4.NPA.1.2	Carry out measures to prevent food borne illness, including hand washing and appropriate food storage and preparation
		4.NPA.1.3	Use the Food Facts Label to plan meals and avoid food allergies
4.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	4.NPA.2.1	Compare unhealthy and healthy eating patterns, including eating in moderation
		4.NPA.2.2	Explain the effects of eating healthy and unhealthy breakfasts and lunches.
4.NPA.3	Understand the benefits of nutrition and fitness to disease prevention.	4.NPA.3.1	Explain how nutrition and fitness affect cardiovascular health.
		4.NPA.3.2	Summarize the association between caloric intake and expenditure to prevent obesity.

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

	Essential Standard	Clarifying Objectives
4.ATOD.1	Understand health risks associated with the use of tobacco products.	4.ATOD.1.1 Summarize short-term and long-term effects of cigarettes and smokeless tobacco products.
4.ATOD.2	Understand why people use tobacco products.	4.ATOD.1.2 Explain why tobacco is an addictive product. 4.ATOD.2.1 Identify possible internal and external influences on tobacco use.
4.ATOD.3	Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.	4.ATOD.2.2 Explain why people are influenced by various marketing strategies employed by tobacco companies. 4.ATOD.3.1 Use refusal skills to resist the pressure to experiment with tobacco.
		4.ATOD.3.2 Select strategies to use in avoiding situations in which tobacco is being used to minimize exposure to second-hand smoke.

## MENTAL AND EMOTIONAL HEALTH

Essential Standard		Clarifying Objectives
5.MEH.1	Apply positive stress management strategies	5.MEH.1.1 Implement positive stress management strategies
5.MEH.2	Understand help-seeking strategies for depression and mental disorders	5.MEH.1.2 Evaluate the effectiveness of stress management strategies. 5.MEH.2.1 Interpret feelings of depression and sadness as normal responses to loss.
		5.MEH.2.2 Summarize how to seek assistance from reliable resources for depression and sadness

## PERSONAL AND CONSUMER HEALTH

Essential Standard		Clarifying Objectives
5.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	5.PCH.1.1 Explain the influence of personal values on health behaviors
		5.PCH.1.2 Design a personal action plan for sufficient rest and sleep
5.PCH.2	Analyze health products and sources of health information.	5.PCH.2.1 Recognize dependable resources for health information
		5.PCH.2.2 Differentiate between safe and unsafe products

		<b>Clarifying Objectives</b>	
5.PCH.3	Essential Standard Apply measures for cleanliness and disease prevention.	5.PCH.3.1	Implement a personal dental health plan to include brushing, flossing, nutrition, and injury prevention
		5.PCH.3.2	Carry out activities that avoid harmful effects of the sun
5.PCH.4	Essential Standard Understand body systems and organs, functions, and their care.	5.PCH.4.2	Summarize the functions of the organs which make up the digestive system
		5.PCH.4.3	Interpret the relationship between and among the vessels and organs of the circulatory system.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

		<b>Clarifying Objectives</b>	
5.ICR.1	Essential Standard Understand healthy and effective interpersonal communication and relationships.	5.ICR.1.1	Illustrate the dangers of communicating with unknown individuals.
		5.ICR.1.2	Summarize things you can do to seek assistance when encountering a stranger.
		5.ICR.1.3	Explain the impact of stereotyping and discrimination on other people's self-respect and feelings.
		5.ICR.1.4	Summarize how to solve problems and resolve conflict without avoidance or violence

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
5.ICR.2	Analyze the changes and influences that occur during puberty and adolescence.	
		5.ICR.2.1 Recall that <u>puberty</u> is characterized by the development of secondary sex characteristics and onset of reproductive capacity.
		5.ICR.2.2 Differentiate between accurate and inaccurate sources of information about puberty and development.
		5.ICR.2.3 Summarize the functions of the male and female reproductive systems.
		5.ICR.2.4 Illustrate how societal influences can impact behavioral choices and feelings regarding one's reproductive health.
		5.ICR.2.5 Deconstruct media messages as they relate to their influence on perceptions of desirable body sizes and shapes.

**NUTRITION AND PHYSICAL ACTIVITY**

		<b>Clarifying Objectives</b>	
<b>Essential Standard</b>			
5.NPA.1	Apply tools (MyPlate) to plan healthy nutrition and fitness.	5.NPA.1.1	Use MyPlate to make healthy choices of foods and beverages
		5.NPA.1.2	Use recommendations in MyPlate to increase physical activity.
5.NPA.2	Understand the importance of consuming a variety of nutrient dense foods and beverages in moderation.	5.NPA.2.1	Summarize the influences of family, culture, and the media on food choices
		5.NPA.2.2	Infer the benefits of limiting the consumption of foods and beverages high in fat and added sugar.
5.NPA.3	Understand the benefits of nutrition and fitness to disease prevention.	5.NPA.3.1	Contrast dieting and healthy weight management, including limiting high-fat and high-sugar foods
		5.NPA.3.2	Explain the benefits of regular physical activity on physical, mental, emotional, and social health.
		5.NPA.3.3	Summarize normal weight gain and body changes during puberty

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

Essential Standard		Clarifying Objectives
5.ATOD.1	Understand health risks associated with use of alcohol.	5.ATOD.1.1 Explain the short-term and long-term effects of alcohol abuse. 5.ATOD.1.2 Explain the effects of alcohol abuse on others.
5.ATOD.2	Understand why people use alcohol.	5.ATOD.2.1 Explain possible internal and external influences to use alcohol.
5.ATOD.3	Apply risk reduction behaviors to protect self and others from alcohol use.	5.ATOD.2.2 Evaluate the effect of advertising strategies of alcohol companies on people's use of alcohol. 5.ATOD.3.1 Use refusal skills to resist the pressure to experiment alcohol and other drug use.
		5.ATOD.3.2 Design strategies for maintaining an alcohol-free lifestyle that include barriers and ways of overcoming these barriers.

**North Carolina Essential Standards  
 Health Education- Grades 6 – 8**

Note on Numbering: MEH-Mental and Emotional Health, PCH-Personal and Consumer Health, ICR-Interpersonal Communications and Relationships, NPA-Nutrition and Physical Activity, ATOD-Alcohol, Tobacco, and Other Drugs

**MENTAL AND EMOTIONAL HEALTH**

	Essential Standard	Clarifying Objectives
6.MEH.1	Apply structured thinking (decision making and goal setting) to benefit emotional well-being	6.MEH.1.1 Implement a structured decision making model to enhance health behaviors  6.MEH.1.2 Execute a goal setting plan to enhance health behaviors
6.MEH.2	Analyze the potential outcome of positive stress management techniques	6.MEH.2.1 Organize common responses to stressors based on the degree to which they are positive or negative and their likely health outcomes.
6.MEH.3	Analyze the relationship between healthy expression of emotions, mental health, and healthy behavior	6.MEH.2.2 Differentiate between positive and negative stress management strategies  6.MEH.3.1 Interpret failure in terms of its potential for learning and growth  6.MEH.3.2 Analyze the relationship between health-enhancing behaviors (communication, goal-setting and decision making) and the ability to cope with failure

**PERSONAL AND CONSUMER HEALTH**

	Essential Standard	Clarifying Objectives
6.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	6.PCH.1.1 Explain the increase of incidence of disease and mortality over the last decades
		6.PCH.1.2 Differentiate between communicable and chronic diseases
		6.PCH.1.3 Recall symptoms associated with common communicable and chronic diseases
		6.PCH.1.4 Select methods of prevention based on the modes of transmission of communicable diseases.
		6.PCH.1.5 Explain methods of protecting eyes and vision
		6.PCH.1.6 Summarize protective measures for ears and hearing
		6.PCH.1.7 Summarize the triggers and symptoms for asthma and strategies for controlling asthma
6.PCH.2	Analyze health information and products.	6.PCH.2.1 Analyze claims for health products and services
		6.PCH.2.2 Evaluate the validity of claims made in advertisements for health products and services
6.PCH.3	Analyze measures necessary to protect the environment.	6.PCH.3.1 Differentiate between individual behaviors that can harm or help the environment
		6.PCH.3.2 Implement plans to work collaboratively to improve the environment.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

		Clarifying Objectives	
6.ICR.1	Essential Standard	6.ICR.1.1	6.ICR.1.2
6.ICR.1	Understand healthy and effective interpersonal communication and relationships.	Classify behaviors as either productive or counterproductive to group functioning	Implement verbal and non-verbal communication skills that are effective for a variety of purposes and audiences.
			Use strategies to communicate care, consideration, and respect for others
		6.ICR.2.1	6.ICR.2.1
6.ICR.2	Apply strategies and skills for developing and maintaining healthy relationships.	6.ICR.2.2	6.ICR.2.2
		6.ICR.2.3	6.ICR.2.3
		6.ICR.2.4	6.ICR.2.4
		6.ICR.2.5	6.ICR.2.5
		6.ICR.2.6	6.ICR.2.6
		6.ICR.2.7	6.ICR.2.7

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
6.ICR.3	Understand the changes that occur during puberty and adolescence.	6.ICR.3.1 Identify the challenges associated with the transitions in social relationships that take place during puberty and adolescence.
		6.ICR.3.2 Summarize the relationship between conception and the menstrual cycle.

**NUTRITION AND PHYSICAL ACTIVITY**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
6.NPA.1	Analyze tools such as Dietary Guidelines and Food Facts Label as they relate to the planning of healthy nutrition and fitness.	6.NPA.1.1 Attribute the prevention of nutrition-related diseases to following the Dietary Guidelines for Americans
		6.NPA.1.2 Evaluate Food Facts label with the advertisement of nutrition choices and allowable claims on food labels
		6.NPA.1.3 Apply MyPlate meal-planning guides to ethnic and vegetarian choices
6.NPA.2	Apply strategies to consume a variety of nutrient dense foods and beverages in moderation.	6.NPA.2.1 Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes
		6.NPA.2.2 Differentiate the health effects of beverages which are nutrient dense with those high in sugar and calories

Essential Standard		Clarifying Objectives
6.NPA.3	Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.	6.NPA.2.3 Implement a plan to consume adequate amounts of foods high in fiber
		6.NPA.3.1 Explain the relationships between food consumption, physical activity, and healthy weight management
		6.NPA.3.2 Implement a personal wellness plan in nutrition and fitness to enhance quality of life.

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

Essential Standard		Clarifying Objectives
6.ATOD.1	Analyze influences that the use of alcohol, tobacco, and other drugs.	6.ATOD.1.1 Analyze the marketing and advertising of alcohol and tobacco companies in terms of the strategies they use to influence youth experimentation with their products.
		6.ATOD.1.2 Illustrate the effects of alcohol and other drugs on behavior, judgment, family relationships, and long-term success.
6.ATOD.2	Understand the health risks associated with alcohol, tobacco, and other drug use.	6.ATOD.2.1 Explain the immediate social and physical consequences of tobacco use, including spit tobacco.
		6.ATOD.2.2 Summarize the short-term and long-term effects of being exposed to secondhand smoke.

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
6.ATOD.3	Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.	6.ATOD.3.1 Use effective assertive refusal skills to avoid pressure to use alcohol and other drugs
		6.ATOD.3.2 Summarize the short-term and long-term benefits of resistance to drug abuse

**MENTAL AND EMOTIONAL HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
7.MEH.1	Analyze the relationship between healthy expression of emotions, mental health, and healthy behavior	7.MEH.1.1 Interpret the transition of adolescence, including emotions in flux
		7.MEH.1.2 Infer the potential outcome from impulsive behaviors
		7.MEH.1.3 Organize resources (family, school, community) for mental and emotional health problems.
7.MEH.2	Evaluate positive stress management strategies	7.MEH.2.1 Critique a variety of stress management techniques
		7.MEH.2.2 Design a stress management plan that is appropriate for the situation and individual traits and skills.

Essential Standard		Clarifying Objectives	
7.MEH.3	Apply help-seeking strategies for depression and mental disorders	7.MEH.3.1	Identify resources that would be appropriate for treating common mental disorders.
		7.MEH.3.2	Implement strategies to seek help from an adult for self-destructive thoughts or behaviors

**PERSONAL AND CONSUMER HEALTH**

Essential Standard		Clarifying Objectives	
7.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	7.PCH.1.1	Explain health and academic consequences of inadequate rest and sleep
		7.PCH.1.2	Explain environmental, psychological, and social factors affecting excessive sun exposure
7.PCH.2	Analyze the immune system in terms of the organs, their functions, and their interrelationships.	7.PCH.2.1	Analyze the immune system in terms of the organs, their functions, and their interrelationships.
7.PCH.3	Evaluate health information and products.	7.PCH.3.1	Recognize health quackery as a false claim for a cure and the ploys quacks use to promote unproven products and services
		7.PCH.3.2	Critique misconceptions about health and the efficacy of health products and services.

North Carolina Essential Standards  
Health Education—Grades 6-8

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
7.PCH.4	Analyze necessary steps to prevent and respond to unintentional injury.	
		7.PCH.4.1 Deconstruct how the interaction of individual behaviors, the environment, and other factors that cause or prevent injuries.
		7.PCH.4.2 Design plans that reduce the risk of fire-related injuries at home, in school, and in the community at large.
		7.PCH.4.3 Design plans that reduce the risk of fire-related injuries at home, in school, and in the community at large.
		7.PCH.4.4 Create a plan to reduce the risk of water-related injuries.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
7.ICR.1	Understand healthy and effective interpersonal communication and relationships.	<p>7.ICR.1.1 Contrast characteristics of healthy and unhealthy relationships.</p> <p>7.ICR.1.2 Predict short-term and long-term consequences of violence to perpetrators, victims, and bystanders</p> <p>7.ICR.1.3 Illustrate strategies that can be used to manage anger in healthy and non-hurtful ways</p> <p>7.ICR.1.4 Use structured thinking to avoid becoming a perpetrator or victim in cyber-bullying</p>
		<p>7.ICR.1.5 Explain why tolerance is beneficial in a society characterized by diversity.</p> <p>7.ICR.1.6 Illustrate the appropriate role of bystanders in preventing and stopping bullying and violence</p>
7.ICR.2	Remember abstinence outside of marriage from sexual activity as a positive choice for young people.	<p>7.ICR.2.1 Explain the effects of culture, media, and family values on decisions related to becoming or remaining abstinent.</p> <p>7.ICR.2.2 Identify the positive benefits of abstinence from sexual activity outside of marriage.</p>
7.ICR.3	Apply strategies that develop and maintain reproductive and sexual health.	<p>7.ICR.3.1 Recognize common STDs (including HIV and HPV), modes of transmission, symptoms, effects if untreated, and methods of prevention.</p> <p>7.ICR.3.2 Summarize the safe and effective use of FDA-approved methods of preventing sexually transmitted diseases.</p>

	Essential Standard	Clarifying Objectives
7.ICR.3.3		Recognize that sexual harassment may contribute to sexual abuse and sexual assault and the feelings that result from these behaviors.
7.ICR.3.4		Use strategies to be safe, reject inappropriate or unwanted sexual advances, and to report incidences to an adult when assistance is needed.

**NUTRITION AND PHYSICAL ACTIVITY**

	Essential Standard	Clarifying Objectives
7.NPA.1	Apply tools (MyPlate, Food Facts Label) to plan and employ healthy nutrition and fitness.	Use the Dietary Guidelines for Americans to eat nutrient dense foods in moderation
7.NPA.2	Apply strategies to consume a variety of nutrient dense foods and beverages in moderation.	Analyze Food Facts Labels for nutrients such as proteins, fats, and carbohydrates
7.NPA.3	Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular	Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes
		Recall the health benefits of consuming more water
		Attribute a positive body image to healthy self-esteem and the avoidance of risky eating behaviors

Essential Standard		Clarifying Objectives
7.NPA.4	diseases, and eating disorders. Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.	7.NPA.4.1 Design goals for increasing physical activity and strategies for achieving those goals. 7.NPA.4.2 Implement a personal fitness plan that balances caloric intake and expenditure.

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

Essential Standard		Clarifying Objectives
7.ATOD.1	Understand the health risks associated with alcohol, tobacco, and other drug use.	7.ATOD.1.1 Explain the common sequence of substance abuse that leads to serious health risks. 7.ATOD.1.3 Explain health risks resulting from injection drug use 7.ATOD.1.4 Predict consequences of abuse of over-the-counter medicines from information provided by the manufacturers of these medicines. 7.ATOD.1.5 Explain how drug dependence and addiction create barriers to achieving personal goals.
7.ATOD.2	Apply risk reduction behaviors to protect self and others from	7.ATOD.2.1 Use communication strategies to avoid the consequences of tobacco, alcohol, and other drug use

	Essential Standard	Clarifying Objectives
	alcohol, tobacco, and other drug use.	
	7.ATOD.2.2	Design methods of avoiding the consequences of tobacco, including addiction, by seeking resources for prevention and cessation

**MENTAL AND EMOTIONAL HEALTH**

	Essential Standard	Clarifying Objectives
8.MEH.1	Create positive stress management strategies	8.MEH.1.1 Evaluate stress management strategies based on personal experience. 8.MEH.1.2 Design a plan to prevent stressors or manage the effects of stress. 8.MEH.1.3 Design effective methods to deal with anxiety
8.MEH.2	Evaluate how structured thinking (decision making, problem solving, goal setting) benefits emotional well-being.	8.MEH.2.1 Evaluate the uses of defense mechanisms in terms of whether they are healthy or unhealthy. 8.MEH.2.2 Critique personal use of structured thinking to enhance emotional well-being (based on appropriateness, effectiveness, and consistency).
8.MEH.3	Apply help-seeking strategies for depression and mental disorders	8.MEH.3.1 Recognize signs and symptoms of hurting self or others 8.MEH.3.2 Implement a plan for seeking adult help for peers who express symptoms of self-injury or suicidal intent

**PERSONAL AND CONSUMER HEALTH**

	Essential Standard	Clarifying Objectives
8.PCH.1	Understand wellness, disease prevention, and recognition of symptoms.	8.PCH.1.1 Classify the risk factors (based on risk behaviors) begun in childhood and adolescence associated with leading and premature causes of death
		8.PCH.1.2 Explain behavioral and environmental factors that contribute to major chronic diseases and the methods for reducing problems associated with common conditions (asthma, allergies, diabetes, and epilepsy)
		8.PCH.1.3 Interpret health appraisal data to assess personal risks for preventable disease
8.PCH.2	Evaluate health information and products.	8.PCH.2.1 Critique medical information resources in terms of reliability, unreliability, accuracy, and significance.
		8.PCH.2.2 Judge the effects of popular fads on health (tattooing, piercing, artificial fingernails)
8.PCH.3	Analyze measures necessary to protect the environment.	8.PCH.3.1 Outline the potential health consequences of global environmental problems.
		8.PCH.3.2 Explain the impact of personal behaviors on the environment, both positively and negatively.
8.PCH.4	Analyze necessary steps to prevent and respond to unintentional injury	8.PCH.4.1 Execute the Heimlich maneuver on a mannequin.
		8.PCH.4.2 Demonstrate basic CPR techniques and procedures on a mannequin and pass a Red Cross or American Heart Association approved test of CPR skills.

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

		Clarifying Objectives	
Essential Standard			
8.ICR.1  Understand healthy and effective interpersonal communication and relationships.	8.ICR.1.1	Contrast characteristics of healthy and unhealthy relationships for friendships and for dating.	
	8.ICR.1.2	Identify the reasons that people engage in violent behaviors (bullying, hazing, dating violence, sexual assault, family violence, verbal abuse) and resources for seeking help	
	8.ICR.1.3	Explain the effects of tolerance and intolerance on individuals and society	
	8.ICR.1.4	Illustrate communication skills that build and maintain healthy relationships	
	8.ICR.1.5	Use decision-making strategies appropriate for responding to unknown people via the Internet, telephone, and face-to-face.	
	8.ICR.1.6	Recognize resources that can be used to deal with unhealthy relationships	
8.ICR.2  Remember that abstinence from sexual activity outside of marriage means a positive choice for young people.	8.ICR.2.1	Recall abstinence as <i>voluntarily refraining from intimate sexual behavior that could lead to unintended pregnancy and disease.</i>	
	8.ICR.2.2	Recall skills and strategies for abstaining from sexual activity outside of marriage.	
8.ICR.3  Analyze strategies that develop and maintain reproductive and sexual health.	8.ICR.3.1	Explain the health, legal, financial, and social consequences of adolescent and unintended pregnancy and the advantages of delaying parenthood.	
	8.ICR.3.2	Evaluate methods of FDA-approved contraceptives in terms of their safety and their effectiveness in preventing unintended pregnancy.	
	8.ICR.3.3	Select family, school, and community resources for the prevention of sexual risk taking through abstinence and safer sex practices.	
	8.ICR.3.4	Summarize ways to avoid being a victim or perpetrator of sexual abuse via digital media (including social network sites, texting, and cell phone).	

**NUTRITION AND PHYSICAL ACTIVITY**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
8.NPA.1	Apply tools (Body Mass Index, Dietary Guidelines) to plan healthy nutrition and fitness.	<p>8.NPA.1.1 Interpret the Body Mass Index in terms of body composition and healthy weight, underweight, overweight and obesity</p> <p>8.NPA.1.2 Summarize the benefit of consuming adequate amounts of vitamins A, E, and C, magnesium, calcium, iron, fiber, folic acid, and water in a variety of foods.</p> <p>8.NPA.1.3 Implement meal plans that are consistent with the Dietary Guidelines.</p>
8.NPA.2	Create strategies to consume a variety of nutrient dense foods and beverages in moderation.	<p>8.NPA.2.1 Plan healthy personal eating strategies with attention to caloric intake and expenditure</p> <p>8.NPA.2.2 Generate a healthful eating plan incorporating food choices inside and outside the home setting</p>
8.NPA.3	Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular diseases, and eating disorders.	<p>8.NPA.3.1 Identify media and peer pressures that result in unhealthy weight control (eating disorders, fad dieting, excessive exercise, smoking)</p>
		<p>8.NPA.3.2 Differentiate the signs, symptoms, and consequences of common eating disorders from more healthy eating behaviors.</p> <p>8.NPA.3.3 Use strategies to advocate for those who are at risk for eating disorders or poor nutrition.</p>
8.NPA.4	Analyze plans for lifelong nutrition and health-related fitness to enhance quality of life.	<p>8.NPA.4.1 Outline strategies that can be used to overcome barriers to healthy eating</p>

Essential Standard	Clarifying Objectives	
	8.NPA.4.2	Differentiate methods of food preparation in terms of their health and safety.
	8.NPA.4.3	Summarize the benefits of regular physical activity

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

Essential Standard	Clarifying Objectives	
8.ATOD.1 Analyze influences related to alcohol, tobacco, and other drug use and avoidance.	8.ATOD.1.1	Analyze policies and laws related to the sale and use of tobacco products in terms of their purposes and benefits.
	8.ATOD.1.2	Predict the potential effect of anti-tobacco messages on the use of tobacco by youth and adults.
8.ATOD.2 Understand the health risks associated with alcohol, tobacco, and other drug use.	8.ATOD.2.1	Explain the impact of alcohol and other drug use on vehicle crashes, injuries, violence, and risky sexual behavior.
	8.ATOD.2.2	Evaluate the magnitude and likelihood of the risks associated with the use of performance-enhancing drugs.

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
8.ATOD.3	Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.	<p>8.ATOD.3.1 Use strategies to avoid riding in a car with someone impaired by alcohol or drugs.</p> <p>8.ATOD.3.2 Identify positive alternatives to the use of alcohol and drugs.</p> <p>8.ATOD.3.3 Use advocacy skills to promote the avoidance of alcohol, tobacco, and drugs by others.</p>

**North Carolina Essential Standards  
 Health Education- High School**

Note on Numbering: **MEH**-Mental and Emotional Health, **PCH**-Personal and Consumer Health, **ICR**-Interpersonal Communications and Relationships, **NPA**-Nutrition and Physical Activity, **ATOD**-Alcohol, Tobacco, and Other Drugs

**MENTAL AND EMOTIONAL HEALTH**

	Essential Standard	Clarifying Objectives
9.MEH.1	Create positive stress management strategies	Identify the body's physical and psychological responses to stressful situations and positive coping mechanisms. Plan effective methods to deal with anxiety.
9.MEH.2	Create help-seeking strategies for depression and mental disorders	Identify causes and symptoms of depression and mental disorders.
		Design useful help-seeking strategies for depression and mental disorders.

**PERSONAL AND CONSUMER HEALTH**

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
9.PCH.1	Analyze wellness, disease prevention, and recognition of symptoms.	<p>9.PCH.1.1 Recognize that individuals have some control over risks for communicable and chronic diseases.</p> <p>9.PCH.1.2 Summarize the procedures for organ donation, local and state resources, and benefits</p> <p>9.PCH.1.3 Explain the procedures for health screenings, checkups, and other early detection measures in terms of their health-related benefits.</p> <p>9.PCH.1.4 Design strategies for reducing risks for chronic diseases</p> <p>9.PCH.1.5 Select measures to get adequate rest and sleep</p> <p>9.PCH.1.6 Recognize the early warning signs of skin cancer and the importance of early detection.</p> <p>9.PCH.1.7 Differentiate between the lifelong effects of positive and negative health behaviors</p>
9.PCH.2	Evaluate health information and products.	<p>9.PCH.2.1 Critique the potential health and social consequences of body art (tattooing and piercing)</p>
9.PCH.3	Understand necessary steps to prevent and respond to unintentional injury.	<p>9.PCH.2.2 Monitor the effects of media and popular culture on normative beliefs that contradict scientific research on health</p> <p>9.PCH.3.1 Summarize the risks associated with operating ATVs and motorcycles.</p> <p>9.PCH.3.2 Analyze reports of injuries to determine how they might have been prevented and what first aid measures should be taken.</p>

**INTERPERSONAL COMMUNICATION AND RELATIONSHIPS**

		<b>Clarifying Objectives</b>	
<b>9.ICR.1</b>	<b>Essential Standard</b>	<b>9.ICR.1.1</b>	<b>9.ICR.1.2</b>
	Understand healthy and effective interpersonal communication and relationships.	Illustrate the ability to respond to others with empathy	Classify negotiation and collaboration skills as helpful or harmful in solving problems or resolving conflicts.
		9.ICR.1.3	Illustrate strategies for resolving interpersonal conflict without harming self or others
		9.ICR.1.4	Summarize principles of healthy dating.
		9.ICR.1.5	Explain how power and control in relationships can contribute to aggression and violence.
<b>9.ICR.2</b>	Evaluate abstinence from sexual intercourse as a positive choice for young people.	9.ICR.2.1	Critique skills and strategies that are used to promote abstinence from sexual activity in terms of their effectiveness.
		9.ICR.2.2	Explain the consequences of early and unprotected sexual behaviors.
<b>9.ICR.3</b>	Create strategies that develop and maintain reproductive and sexual health.	9.ICR.3.1	Contrast the myths, misconceptions, and stereotypes pertaining to sexual assault and sexual abuse with what is known based on law and research.
		9.ICR.3.2	Design safe plans for the prevention of sexual assault and abuse that include appropriate resources and needed skills.
		9.ICR.3.3	Illustrate skills related to safe and effective use of methods to prevent STDs as well as access resources for testing and treatment.

Essential Standard	Clarifying Objectives	
	9.ICR.3.4	Exemplify decision-making skills and problem solving regarding safe and effective use of methods to prevent unintended pregnancy.

**NUTRITION AND PHYSICAL ACTIVITY**

Essential Standard	Clarifying Objectives	
9.NPA.1 Analyze strategies using tools (MyPlate, Dietary Guidelines, Food Facts Label) to plan healthy nutrition and fitness.	9.NPA.1.1	Attribute the prevention of chronic diseases to healthy nutrition and physical activity.
	9.NPA.1.2	Organize meal plans to meet special dietary needs for athletes, pregnant women, diabetics and those experiencing allergies
	9.NPA.1.3	Recognize the benefits of folic acid and other vitamins and minerals.
9.NPA.2 Create strategies to consume a variety of nutrient dense foods and beverages in moderation.	9.NPA.2.1	Plan vegetarian diets that are balanced and nutrient dense
	9.NPA.2.2	Recall the number of servings recommended from each food group and the need for balanced nutrition
	9.NPA.2.3	Summarize the effects of hydration and dehydration and preventive measures for dehydration

		<b>Clarifying Objectives</b>	
9.NPA.3	Essential Standard Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular diseases, and eating disorders.	9.NPA.3.1	Differentiate between healthy and unhealthy plans for weight gain, maintenance and loss
		9.NPA.3.2	Classify the effects of eating disorders as short-term or long-term
9.NPA.4	Essential Standard Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.	9.NPA.3.3	Recall resources for seeking help for people with eating disorders
		9.NPA.4.1	Execute exercise programs with safety and effectiveness
		9.NPA.4.2	Use appropriate methods for avoiding and responding to climate-related physical conditions during physical activity.
		9.NPA.4.3	Implement a personal plan to improve current habits to achieve balanced nutrition and fitness

**ALCOHOL, TOBACCO, AND OTHER DRUGS**

		<b>Clarifying Objectives</b>	
<b>Essential Standard</b>			
9.ATOD.1	Understand the health risks associated with alcohol, tobacco, and other drug use.	9.ATOD.1.1	Explain the short-term and long-term effects of performance-enhancing drugs on health and eligibility to participate in sports.
		9.ATOD.1.2	Analyze the role of family, community, and cultural norms in deciding to use alcohol, tobacco, and other drugs.
		9.ATOD.1.3	Contrast prescription medicines, nonprescription medicines, and illegal substances in terms of their use and abuse.
		9.ATOD.1.4	Summarize the risks of IV drug use, including blood borne diseases
		9.ATOD.1.5	Predict the effects of substance abuse on other people as well as society as a whole.
		9.ATOD.1.6	Summarize the consequences of alcohol or tobacco use during pregnancy.
9.ATOD.2	Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.	9.ATOD.2.1	Identify ways to avoid riding in a car or engaging in other risky behaviors with someone who is under the influence of alcohol or other drugs.
		9.ATOD.2.2	Use strategies for avoiding binge drinking.

## North Carolina Essential Standards Healthful Living (Physical Education)

Note on Numbering: example – K.MS.1.1 indicates Kindergarten Motor Skill Essential Standard 1 and Clarifying Objective 1.  
H = Honors – H.MS.1.1 indicates Honors Motor Skill Essential Standard 1 and Clarifying Objective 1. (highlighted gray)

Note: **MS** = Motor Skill, **MC** = Movement Concepts, **HF** = Health Related Fitness, **PR** = Personal /Social Responsibility

### (MS) Motor Skill Development

	Essential Standard	Clarifying Objectives
<b>K.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.K.MS.1.1 Execute recognizable forms of the basic locomotor skills.
		PE.K.MS.1.2 Use recognizable forms of the basic manipulative skills.
		PE.K.MS.1.3 Create transitions between sequential locomotor skills.
		PE.K.MS.1.4 Use non-locomotor and locomotor skills in response to even and uneven rhythms in order to integrate beat awareness.
<b>1.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.1.MS.1.1 Execute recognizable forms of all eight basic locomotor skills in different pathways, levels, or directions.
		PE.1.MS.1.2 Use recognizable forms of the five basic manipulative skills.
		PE.1.MS.1.3 Generate smooth transitions between sequential locomotor skills.
		PE.1.MS.1.4 Use non-locomotor and locomotor skills in a variety of pathways, in different directions, and at different levels in response to music.
<b>2.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.2.MS.1.1 Execute combinations of locomotor skills in different pathways, levels, or directions.
		PE.2.MS.1.2 Execute a variety of manipulative skills while maintaining good balance and follow-through.
		PE.2.MS.1.3 Generate smooth and timely transitions between sequential locomotor skills.

North Carolina Essential Standards  
Healthful Living (Physical Education)

	Essential Standard	Clarifying Objectives
	activities.	PE.2.MS.1.4 Apply non-locomotor movements with locomotor patterns and levels in a variety of movement sequences.
<b>3.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.3.MS.1.1 Execute combinations of simple locomotor skills and manipulative skills.
		PE.3.MS.1.2 Apply basic manipulative skills while moving/traveling.
		PE.3.MS.1.3 Execute mature form when combining locomotor skills with changes in direction.
		PE.3.MS.1.4 Use variations of different locomotor skills with rhythmic patters and smooth transitions.
<b>4.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.4.MS.1.1 Execute combinations of more complex locomotor skills and manipulative skills in various physical activity settings.
		PE.4.MS.1.2 Create movement skill sequences commonly associated with various sports and activities.
		PE.4.MS.1.3 Implement changes in speed during straight, curved, and zigzag pathways to open and close space using locomotor and manipulative skills.
		PE.4.MS.1.4 Identify tempo in slow and fast rhythms.
<b>5.MS.1</b>	Apply competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.5.MS.1.1 Execute combinations of more complex locomotor skills and manipulative skills specific to individual, dual and team activities.
		PE.5.MS.1.2 Use increasingly complex skills with power and accuracy.
		PE.5.MS.1.3 Illustrate mature form in combining locomotor and manipulative skills for traditional and non traditional activities.
		PE.5.MS.1.4 Create movement sequences that are smooth and fluid and have several different rhythmic patterns.
<b>6.MS.1</b>	Apply competent motor skills	PE.6.MS.1.1 Use some specialized skills that are refined and appropriate for modified game play.

	<b>Essential Standard</b>	<b>Clarifying Objectives</b>
	<b>and movement patterns needed to perform a variety of physical activities.</b>	PE.6.MS.1.2 Integrate locomotor and manipulative skills with partner, in small-group, and in small-sided game situations. PE.6.MS.1.3 Explain the importance of practice to improve skill level. PE.6.MS.1.4 Use movement combinations in rhythmic activities.
<b>7.MS.1</b>	<b>Apply competent motor skills and movement patterns needed to perform a variety of physical activities.</b>	PE.7.MS.1.1 Execute complex combinations of movement specific to game, sport, or physical activity settings in at least one of the following activities or compositions: aquatics, team sports, individual sports, dual sports, outdoor pursuits, self-defense, dance and gymnastics. PE.7.MS.1.2 Illustrate fundamental motor skills and complex skills that contribute to movement proficiency in small sided game situations. PE.7.MS.1.3 Execute basic offensive and defensive strategies for an invasion game or net/wall activity. PE.7.MS.1.4 Create movement combinations in rhythmic activities with an emphasis on keeping to the beat of the music.
<b>8.MS.1</b>	<b>Apply competent motor skills and movement patterns needed to perform a variety of physical activities.</b>	PE.8.MS.1.1 Execute proficiency in some complex combinations of movement specific to game, sport, or physical activity settings in at least two of the following activities or compositions: aquatics, team sports, individual sports, dual sports, outdoor pursuits, self-defense, dance and gymnastics. PE.8.MS.1.2 Analyze fundamental motor skills and specialized skills that contribute to movement proficiency in small sided game situations. PE.8.MS.1.3 Apply basic strategy and tactics that contribute to successful participation. PE.8.MS.1.4 Use movement combinations in rhythmic activities with an emphasis on keeping to the beat of the music.
<b>9.MS.1</b>	<b>Apply competent motor skills and movement patterns needed to perform a variety of physical activities.</b>	PE.9.MS.1.1 Use basic and advanced skills to participate proficiently in at least three of the following activities or compositions: aquatics, team sports, individual sports, dual sports, outdoor pursuits, self-defense, dance and gymnastics.

North Carolina Essential Standards  
 Healthful Living (Physical Education)

	Essential Standard	Clarifying Objectives
	activities.	PE.9.MS.1.2 Apply fundamental motor skills and complex skills needed to participate successfully in at least three lifetime activities. PE.9.MS.1.3 Apply information and statistical data about personal and group performance to develop strategies to improve game play or participation in activity. PE.9.MS.1.4 Create movement combinations in rhythmic activities with an emphasis on keeping to the beat of the music.
H.MS.1	Evaluate competent motor skills and movement patterns needed to perform a variety of physical activities.	PE.H.MS.1.1 Evaluate data that lead to improved performance in a variety of physical activity experiences. PE.H.MS.1.2 Generate opportunities for increasing the use of game/sport modification, facilities and equipment for increasing skill development in your community. PE.H.MS.1.3 Evaluate and compare sport specific skill related components and biomechanical principles used to achieve advanced performance in individual, dual, and team experiences.

**(MC) Movement Concepts**

	Essential Standard	Clarifying Objectives
<b>K.MC.2</b>	<b>Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.</b>	PE.K.MC.2.1 Understand the meaning of words and terms associated with movement.
		PE.K.MC.2.2 Identify one or more of the essential elements of correct form for the five fundamental manipulative skills.
		PE.K.MC.2.3 Use teacher feedback to improve basic motor performance.
		PE.K.MC.2.4 Illustrate activities that increase heart rate.
<b>1.MC.2</b>	<b>Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.</b>	PE.1.MC.2.1 Use movement and manipulative skills involving equipment.
		PE.1.MC.2.2 Illustrate two or more of the essential elements of correct form for the five fundamental manipulative skills.
		PE.1.MC.2.3 Understand how to use teacher and peer feedback to improve basic motor performance.
		PE.1.MC.2.4 Illustrate activities that increase heart rate and make muscles strong.
<b>2.MC.2</b>	<b>Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.</b>	PE.2.MC.2.1 Use equipment to illustrate multiple movement concepts.
		PE.2.MC.2.2 Compare three or more of the essential elements of correct form for the five fundamental manipulative skills.
		PE.2.MC.2.3 Explain the value of feedback in improving motor performance.
		PE.2.MC.2.4 Illustrate activities that are associated with three or more of the five components of health-related fitness.
<b>3.MC.2</b>	<b>Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.</b>	PE.3.MC.2.1 Illustrate how practice, attention and effort are required to improve skills.
		PE.3.MC.2.2 Integrate the essential elements of correct form for the five fundamental manipulative skills.
		PE.3.MC.2.3 Evaluate individual skills using a rubric based on critical cues.
		PE.3.MC.2.4 Illustrate a variety of activities that are associated with four or more of the health-related fitness components.
<b>4.MC.2</b>	<b>Understand concepts,</b>	PE.4.MC.2.1 Apply basic concepts of movement to improve individual performance.

North Carolina Essential Standards  
Healthful Living (Physical Education)

	Essential Standard	Clarifying Objectives
	principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.4.MC.2.2 Apply elements of form or motor development principles to help others improve their performance.</p> <p>PE.4.MC.2.3 Evaluate skills in a game situation using a rubric based on critical concepts.</p> <p>PE.4.MC.2.4 Classify examples of health-related fitness into the five components.</p>
<b>5.MC.2</b>	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.5.MC.2.1 Select scientific principles and/or concepts that have an effect on the quality of complex movement.</p> <p>PE.5.MC.2.2 Evaluate movement and game skills in order to provide feedback that will lead to improvement.</p> <p>PE.5.MC.2.3 Identify basic offensive and defensive strategies in modified game situations.</p> <p>PE.5.MC.2.4 Analyze the five components of health-related physical fitness in terms of their relationship to various activities.</p>
<b>6.MC.2</b>	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.6.MC.2.1 Apply principles of practice and conditioning that enhance movement performance.</p> <p>PE.6.MC.2.2 Explain the mechanics of various skills or sequences of movement to improve performance.</p> <p>PE.6.MC.2.3 Explain when and why to use strategies and tactics within game play.</p> <p>PE.6.MC.2.4 Use information from a variety of sources, both internal and external, to guide and improve personal health.</p>
<b>7.MC.2</b>	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.7.MC.2.1 Apply concepts from other disciplines, such as physics, to movement skills.</p> <p>PE.7.MC.2.2 Contrast information from a variety of sources, both internal and external, in terms of their relevance to guiding, improving, and modifying performance.</p> <p>PE.7.MC.2.3 Apply game strategies and tactics at appropriate times and in appropriate ways.</p> <p>PE.7.MC.2.4 Understand the relationship between ones social life and healthy habits such as physical activity, nutrition, and sleep.</p>
<b>8.MC.2</b>	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.8.MC.2.1 Integrate increasingly complex discipline-specific knowledge, such as biomechanics, with movement skills.</p> <p>PE.8.MC.2.2 Compare movement concepts and principles and critical elements of activity of performances representing different levels of skill.</p> <p>PE.8.MC.2.3 Integrate strategies and tactics within game play.</p>

	Essential Standard	Clarifying Objectives
9.MC.2	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.8.MC.2.4 Generate complex movement concepts that can be used to refine learned skills and to acquire new advanced skills.</p> <p>PE.9.MC.2.1 Create plans for establishing and maintaining lifelong health enhancing behaviors based on concepts of health, fitness, and nutrition.</p> <p>PE.9.MC.2.2 Use complex movement principles to evaluate and improve performance.</p> <p>PE.9.MC.2.3 Generate complex movement concepts that can be used to refine learned skills and to acquire new advanced skills.</p>
H.MC.2	Understand concepts, principles, strategies and tactics that apply to the learning and performance of movement.	<p>PE.H.MC.2.1 Compare trends and behavioral effects between attitudes toward exercise and preferred physical experiences based on age and gender.</p> <p>PE.H.MC.2.2 Design a strategy for setting specific targets to improve performance.</p> <p>PE.H.MC.2.3 Critique training and conditioning practices for the greatest impact on skill acquisition and performance in individual/dual, and team experiences.</p>

**(HF) Health-Related Fitness**

Essential Standard	Clarifying Objectives
<b>K.HF.3</b> Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.K.HF.3.1 Recognize one or more of the five health-related fitness assessments and the associated exercises.
	PE.K.HF.3.2 Identify opportunities for increased physical activity.
	PE.K.HF.3.3 Select moderate-to-vigorous physical activity (MVPA) and sustain for periods of accumulated time.
<b>1.HF.3</b> Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.1.HF.3.1 Recognize two or more of the five health-related fitness assessments and the associated exercises.
	PE.1.HF.3.2 Select physical activities based on ones interests and physical development.
	PE.1.HF.3.3 Contrast moderate physical activity and vigorous physical activity.
<b>2.HF.3</b> Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.2.HF.3.1 Recognize three or more of the five health-related fitness assessments and the associated exercises.
	PE.2.HF.3.2 Identify enjoyable and challenging physical activities that one can do for increasing periods of time <u>without stopping</u> .
	PE.2.HF.3.3 Implement a weekly plan of moderate to vigorous activity that increases breathing and heart rate.

Essential Standard		Clarifying Objectives
3.HF.3	Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.3.HF.3.1 Summarize four or more of the five health related fitness assessments and the associated exercises.
		PE.3.HF.3.2 Identify enjoyable and challenging physical activities that one can do for increasing periods of time without stopping.
		PE.3.HF.3.3 Implement moderate to vigorous physical activities that increase breathing and heart rate, at least four to seven times each week, for increasing periods of time.
4.HF.3	Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.4.HF.3.1 Understand why and how to complete a valid and reliable pre and post health-enhancing fitness assessment, including monitoring of the heart.
		PE.4.HF.3.2 Evaluate oneself in terms of the five recommended behaviors for obesity prevention.
		PE.4.HF.3.3 Use physiological indicators to adjust physical activity.
5.HF.3	Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.5.HF.3.1 Understand how to achieve the gender and age related health-related physical fitness standard defined by an approved fitness assessment.
		PE.5.HF.3.2 Implement strategies to achieve health-related physical fitness.
		PE.5.HF.3.3 Select physical activities that develop/ maintain each of the five components of health-related fitness.
6.HF.3	Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.6.HF.3.1 Apply strategies that result in the achievement of gender- and age-related standards on approved fitness assessments.
		PE.6.HF.3.2 Use a variety of self-paced aerobic activities, keeping in the appropriate target heart rate zone/perceived exertion levels, including cool-down and appropriate post-activity stretching.
		PE.6.HF.3.3 Evaluate personal fitness programs in terms of the basic principles of training.
7.HF.3	Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.	PE.7.HF.3.1 Use the gender and age related health related physical fitness standard defined by an approved fitness assessment to self evaluate fitness levels.
		PE.7.HF.3.2 Analyze data to examine the relationship between physical activity and caloric intake.
		PE.7.HF.3.3 Illustrate a variety of training methods.

North Carolina Essential Standards  
Healthful Living (Physical Education)

Essential Standard		Clarifying Objectives
<b>8.HF.3</b>	<b>Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.</b>	PE.8.HF.3.1 Evaluate progress toward achieving health-related fitness standards, using the results to make improvements.
		PE.8.HF.3.2 Summarize the potential short and long-term physical, social, and emotional impacts of physical activity as a positive lifestyle choice.
		PE.8.HF.3.3 Use a variety of resources to assess, monitor, and improve personal fitness.
<b>9.HF.3</b>	<b>Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.</b>	PE.9.HF.3.1 Evaluate personal health-related physical fitness status in terms of cardiovascular endurance, muscular strength, muscular endurance, flexibility, and body composition.
		PE.9.HF.3.2 Analyze career and occupational opportunities in terms of the required skills and fitness components in terms of required skills, fitness components, and personal interests.
		PE.9.HF.3.3 Analyze the relationship between the six sport-related components and the five components of health-related fitness.
<b>H.HF.3</b>	<b>Understand the importance of achieving and maintaining a health-enhancing level of physical fitness.</b>	PE.H.HF.3.1 Evaluate the necessity for current safety techniques, best practices and appropriate national fitness and nutrition guidelines are important for maintaining physical fitness.
		PE.H.HF.3.2 Analyze physical activities in various occupational environments in terms of their inherent risks.
		PE.H.HF.3.3 Compare the six skill-related components of fitness between an athlete and a non-athlete to develop a plan for improvement.

**(PR) Personal /Social Responsibility**

Essential Standard		Clarifying Objectives
<b>K.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.K.PR.4.1 Use basic strategies and concepts for working cooperatively in group settings.
		PE.K.PR.4.2 Understand how social interaction can make activities more enjoyable.
		PE.K.PR.4.3 Use safe practices when engaging in physical education activities.
<b>1.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.1.PR.4.1 Use basic strategies and concepts for working cooperatively in group settings.
		PE.1.PR.4.2 Understand how social interaction can make activities more enjoyable.
		PE.1.PR.4.3 Use safe practices when engaging in physical education activities.
<b>2.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.2.PR.4.1 Explain the value of working cooperatively in group settings.
		PE.2.PR.4.2 Summarize the benefits of positive social interaction as to make activities more enjoyable.
		PE.2.PR.4.3 Use safe practices when engaging in physical education activities with little or no prompting.
<b>3.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.3.PR.4.1 Use self-control to demonstrate personal responsibility and respect for self and others.
		PE.3.PR.4.2 Use cooperation and communication skills to achieve common goals.
		PE.3.PR.4.3 Explain the importance of working productively with others.
<b>4.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.4.PR.4.1 Use self-control through structure, expectations, and engagement to demonstrate personal responsibility and respect for self and others.
		PE.4.PR.4.2 Use cooperation and communication skills to achieve common goals.
		PE.4.PR.4.3 Understand the importance of culture and ethnicity in developing self-awareness and working productively with others.

North Carolina Essential Standards  
Healthful Living (Physical Education)

Essential Standard		Clarifying Objectives
<b>5.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.5.PR.4.1 Use self-control to work independently in developing responsibility and respect for self and others.
		PE.5.PR.4.2 Use cooperation and communication skills to achieve common goals.
		PE.5.PR.4.3 Understand the importance of culture and ethnicity in developing self-awareness and working productively with others.
<b>6.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.6.PR.4.1 Use appropriate strategies to seek greater independence from adults when completing assigned tasks.
		PE.6.PR.4.2 Use well-developed cooperation skills to accomplish group goals in both cooperative and competitive situations.
		PE.6.PR.4.3 Analyze conflicts that arise in competitive activities to determine the most appropriate ways of resolving the conflicts.
<b>7.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.7.PR.4.1 Contrast between appropriate and inappropriate strategies to seek greater independence from adults when completing assigned tasks.
		PE.7.PR.4.2 Contrast between appropriate and inappropriate strategies to communicating ideas and feelings.
		PE.7.PR.4.3 Understand the role of diversity in physical activity respecting limitations and strengths of members of a variety of groups.
<b>8.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.8.PR.4.1 Analyze a variety of settings and situations to determine appropriate safety, ethics, and the form of social interaction.
		PE.8.PR.4.2 Exemplify well-developed cooperation skills to accomplish group goals in both cooperative and competitive situations.
		PE.8.PR.4.3 Compare factors in different cultures that influence the choice of physical activity and nutrition.
<b>9.PR.4</b>	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.9.PR.4.1 Implement leadership skills to promote responsibility in self and others.
		PE.9.PR.4.2 Select the most appropriate ways of responding and mediate to settle conflicts.
		PE.9.PR.4.3 Explain the influence of physical activity on cultural competence and the development of self-awareness.

Essential Standard		Clarifying Objectives
H.PR.4	Use behavioral strategies that are responsible and enhance respect of self and others and value activity.	PE.H.PR.4.1 Generate several hypotheses for strategies that include persons of diverse backgrounds and physical abilities in a variety of physical activity settings.
		PE.H.PR.4.2 Evaluate the dynamic relationships between sport, physical activity and society in multicultural environments in terms of character education and sportsmanship.
		PE.H.PR.4.3 Analyze how participation in physical activity influences social justice issues.



November 10, 2011

---

# Presentation Outline

*In-school Prevention of Obesity and Disease*

**REPORT TO THE HOUSE SELECT COMMITTEE  
ON CHILDHOOD OBESITY**

*You may find a digital copy of this presentation on our website at [www.ispod.info/presentations](http://www.ispod.info/presentations)*

## 7 Education – SPARK™

The IsPOD initiative provides SPARK™ (Sports, Play and Active Recreation for Kids) curriculum resources to all physical education teachers in North Carolina.

SPARK™ is a research-based physical education program, the goals of which are to increase students':

- ✓ moderate-to-vigorous physical activity
- ✓ fitness achievement
- ✓ academic achievement
- ✓ sport skills development
- ✓ enjoyment of physical education among students.

Twelve hours of extensive training as well as two full curriculum manuals are provided to each K-8 teacher.

## 8 Education – SPARK™

*Impact of SPARK™ in Physical Education Classes [Graphic]*

## 9 Education – SPARK™

Survey results from teacher surveys submitted in the 2010-2011 school year show:

- 94% of teachers enjoyed the SPARK™ training
- 91% felt well-prepared to implement SPARK™
- 89% of teachers felt that SPARK™ enhanced their teaching style.

78% or more of teachers observed positive benefits from using SPARK™ such as improved student skill levels, fewer students "sitting out" during Physical Education, students being more active during PE, and students enjoying PE more.


## 10 Evaluation – FITNESSGRAM™

FITNESSGRAM™ was developed by The Cooper Institute in an effort to provide physical educators with a tool that would facilitate communicating fitness testing results to students and parents.

FITNESSGRAM™ enables teachers to promote awareness about the importance of physical activity and fitness, assess the fitness and activity levels of children in grades K-12, and help them develop patterns of lifelong, health-promoting physical activity.


The FITNESSGRAM™ assessment measures three components of health-related physical fitness that have been identified as important to overall health and function:

- aerobic capacity
- body composition
- muscular strength, endurance, and flexibility


 **11 Evaluation – FITNESSGRAM™**

Over 500,000 fitness measurements have been collected from 301,978 students in 2009-10 and 2010-11 from 77 LEAs.

*[Graphic]*

 **12 Evaluation – FITNESSGRAM™**

*Percent of NC K-8 Students At-Risk of Metabolic Syndrome\* [Graphic]*

 **13 Evaluation – FITNESSGRAM™**

*Percent of NC K-8th Graders in FITNESSGRAM™ Healthy Fitness Zone® [Graphic]*

 **14 Evaluation – Surveys**

The IsPOD initiative conducts student surveys twice per school-year to track the direction and magnitude of changes in students' attitudes, behaviors, and physical fitness levels and statistically model the impacts of components of the IsPOD program. Student surveys are completed in school by the student.

Student surveys measure the impact of teachers on students' attitudes and behaviors. If the IsPOD program is effective, we expect to see:

- ✓ increased enjoyment of physical education
- ✓ more physical activity
- ✓ decreased screen time
- ✓ improved eating behavior

The initiative also conducts teacher surveys to measure teachers' experience, use of SPARK, various policy issues, and their professional development activities. Individual teacher surveys are e-mailed directly to the teacher twice per school-year.

 **15 Evaluation – FITNESSGRAM™**

*Percent of 3rd - 8th Graders Engaging in "Unhealthy" Habits [Graphic]*

 **16 Advocacy**

The IsPOD initiative advocates for high quality physical education year-round in an effort to decrease the prevalence of childhood obesity in North Carolina.

Because advocacy is the third component of the initiative, we frequently share the results of our program with legislators, policymakers, and other stakeholders on every level.

 **17 Reach**

- 96% of all 115 Local Educational Agencies (LEAs) have adopted IsPOD in North Carolina and have received training
- 90% of K-8 schools in IsPOD-adopted LEAs (1,636 K-8 schools of 1,837 total schools in the adopted LEAs) have received training.

- 81% of K-8 PE teachers in IsPOD-adopted LEAs (2,887 of 3,573 K-8 PE teachers) have received training.

In addition to 2,887 K-8 teachers with SPARK training, the following district staff have been trained: 79 high school teachers, 30 district coordinators, 4 Adapted P.E. teacher, 149 other school staff, and 11 charter school teachers. Non-LEA staff trained include 20 teachers from private, home-school, or after-school programs and 21 college professors/students.

Total staff trained: 3,201

## 18 Partners

- North Carolina Department of Public Instruction
- North Carolina State Board of Education
- North Carolina Department of Public Health

## 19 Opportunities

- Continue to provide decision and policy-makers data collected by the IsPOD initiative
- Use collected data for research
- Ability to expand to grades pre-K and 9-12
- Inclusiveness of ACTIVITYGRAM™

## 20 On July 31, 2012...

THIS ALL ENDS!

## 21 The Challenge

Long-term Sustainability

## 22 Supporters

- American Heart Association
- NC Alliance for Health
- Eat Smart, Move More
- NC Prevention Partners
- NC School Connection
- Be Active
- NC Center for Health and Wellness, UNC Asheville
- Alliance for a Healthier Generation
- The NC Office of Disabilities

## 23 Contact Information

- Donna Woolard  
**Executive Director of NCAHPERD**
- Judy Martino  
**Director of IsPOD**
- 1030 Washington Street  
Raleigh, NC 27605
- T: 919-833-1219  
F: 919-833-7700
- [www.ispod.info](http://www.ispod.info)  
[www.ncaahperd.org](http://www.ncaahperd.org)

## MIDDLE SCHOOL SPORT POLICIES AND SPORT PARTICIPATION IN NORTH CAROLINA

Dr. Michael Kanters  
Parks, Recreation & Tourism  
Management  
NC State University  
919.513.0279  
[mkanters@ncsu.edu](mailto:mkanters@ncsu.edu)



North Carolina House Select  
Committee on Childhood  
Obesity  
November 10, 2011

### Challenges & Opportunities

A significant percentage of children are not meeting the minimum of 60 minutes of moderate to vigorous daily physical activity recommended by the CDC.

Middle school extracurricular sport provides opportunities for physical activity beyond the school day.

Current policies limit opportunities for students to participate in school sports.

NC Board of Education Policy prohibits 6th graders from participating in interscholastic sports.

*HRS-D-001; 16 NCAC 6E.0202;.0202 INTERSCHOLASTIC ATHLETICS; a) **Only students in grades 7-12 may participate in interscholastic athletic competition.***

School sports are dominated by a competitive interscholastic athletics model that limits participation to a small percentage of students.

Intramural and club sports, that focus on participation rather than competition, have been recommended by both the CDC and the National Association for Sport and Physical Education.

### Research Findings

Children who play sports are more active than children who don't.

53% of middle schools in NC only offer interscholastic sports.

Approximately 32,000 6th graders in NC have no access to school sports.

Intramural sports attract more students than interscholastic sports.

Low income and/or African American students are more likely to play sports in schools that offer intramural sports.

Motivation to play sports diminishes when children don't play

IPARC investigating places for active recreation in communities

NC STATE UNIVERSITY

# Middle School Sport Policies and Sport Participation in North Carolina

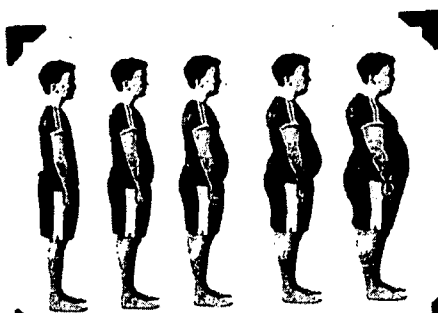


Michael Kanters, Ph.D.  
Parks, Recreation & Tourism Management

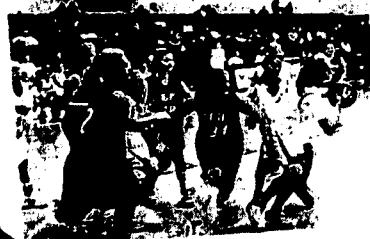
**NC STATE UNIVERSITY**

**IPARC** investigating places for  
active recreation in communities

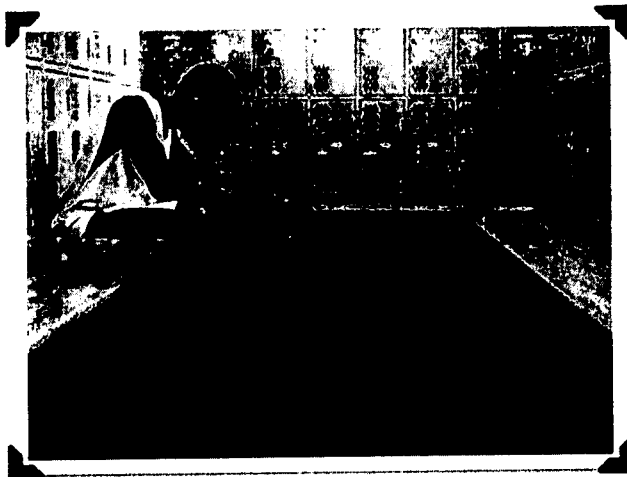
# A National Epidemic



## School Sports & Physical Activity



## Current School Sport Policies and Models Limit Participation



## NC Board of Education

Policy ID Number: HRS-D-001

Policy Title: 16 NCAC 6E.0202 Policy regarding interscholastic athletics

### .0202 INTERSCHOLASTIC ATHLETICS

- a) Only students in grades 7-12 may participate in interscholastic athletic competition.**

## Afterschool Sport Opportunities in NC

- Limited roster sizes and shrinking athletic budgets
- 53% of Middle schools only offer interscholastic sports
- 32,000 6<sup>th</sup> graders have no access to school sports
- 6<sup>th</sup> graders in rural communities may have no sports at all



## Findings from our research suggest...

- Intramurals attract more students to play sports.
- Students from low income and/or African American households are more likely to play sports in schools that offer intramurals.
- Motivation to play sports diminishes when children don't have an opportunity to play.

## **Minutes**

### **House Select Committee on Childhood Obesity**

Thursday November 10, 2011

9:00 a.m.

Room 643, Legislative Office Building

The House Select Committee on Childhood Obesity met on Thursday, November 10, 2011, at 9:10 a.m. in Room 643 of the Legislative Office Building. Representative LaRoque Chairman, Representative Sanderson Chairman, Representatives Brandon, L. Brown, R. Brown, Johnson, McGrady, and Pierce attended.

Representative LaRoque presided. He welcomed the committee and recognized Chairman Sanderson, Sargent at Arms and staff. Representative LaRoque asked for a motion to adopt the budget. Representative Johnson was recognized for a motion to approve the budget. No discussion or debate. Vote was called and motion passed unanimously.

### **Presentations**

#### **Enacted Legislation Related to Childhood Obesity (2008-2011)**

Representative LaRoque recognized Theresa Matula, Committee Staff to discuss the enacted legislation on childhood obesity (2008-2011) and past legislation. Handouts were provided. See attached.

Representative L. Brown was recognized by Chairman LaRoque. He was concerned that the committee is not a joint committee combined of the House and the Senate as it was in the past. He felt that legislation may be easier to get heard and passed in both chambers if Senators and Representatives hear discussions held during study committees.

#### **Overview of the Problem of Childhood Obesity in North Carolina**

Representative LaRoque recognized Dr. Joseph Skelton, MD, Section of Pediatric Gastroenterology and Nutrition, Department of Pediatrics, Wake Forest University School of Medicine. See attached presentation.

Representative LaRoque asked the committee for comments or questions.

Representative LaRoque asked Dr. Skelton if 14 million children across the country suffer from childhood obesity, how many of these children live in North Carolina? Dr.

Skelton replied that he has that information in the file. The number is in the hundreds of thousands.

Representative LaRoque recognized Representative Johnson. Representative Johnson commented that the presentation was very informative. She commented that she could not read a slide on page 29 of the hand out and wanted to get a copy of it. Dr. Skelton said that he would provide a PDF of the presentation.

Representative LaRoque recognized Representative Brandon. Representative Brandon stated that 41% of African Americans are obese, and asked how many resources target African Americans and how is access to healthier food being addressed? Dr. Skelton stated that the issue is very complex. Access is a problem because cheaper foods are easier and unhealthy; these are called food deserts. They are working toward increasing food stamps usage at farmers markets.

### **Department of Public Instruction Activities**

Representative LaRoque recognized Paula Hildebrand, Chief Health and Community Relations Officer, DPI and Dr. Ellen Essick, Coordinated Schools Health Consultant, NC Healthy Schools, DPI, to discuss Healthy Living Essentials Standards, Healthy Active Children Policy, and the Fitness Testing Guidelines: Implementation of HB1757. See Attached presentation.

Representative Johnson commented that as a grandparent, she feels that the program is working. She then asked Dr. Essick how the schools are working with the communities. Dr. Essick replied that there are some schools that have joint use agreements with parks and recreation. Representative Johnson followed up with a comment that in her community there is a partnership with parks and recreation and the school playgrounds. When the program was first introduced, there was some push back from the school principals with concern over damage of the playground equipment. She feels that the program works with joint collaboration.

Paula Hildebrand continued with discussion and presentation Healthy Active Children. See attached.

Representative LaRoque asked Paula Hildebrand how many schools actually participate in the School Health Advisory Council (SHACK). Ms. Hildebrand replied that all schools have the SHACK. Representative LaRoque then asked how many schools actually participate in the physical education/ activity. Ms. Hildebrand replied that about 50% of schools have hit the program benchmark of 150 minutes of certified instructor supervised physical education per week. Representative LaRoque then asked what the impediment is that is keeping the other 50% of schools from participating.

Ms. Hildebrand replied that in 2008, DPI conducted a study that looked at the cost of hiring an instructor and supplying every child with a piece of equipment and it was in the

millions of dollars. Representative LaRoque then asked for the data on the improvements of childhood obesity on the schools that have implemented the programs fully. Ms. Hildebrand said that they have the data for the middle schools only.

Ms. Hildebrand continued with discussion on the Fitness Testing Guidelines. See attached.

Representative LaRoque asked for questions or comments. No discussion.

### **IsPOD (In-School Prevention of Obesity and Disease)**

Representative LaRoque introduced Judy Martino, Assistant Executive director for Grants & Special Programs with the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NCAAHPERD). See Attached.

Representative Johnson asked Ms. Martino if Sparks is the program used, and if Sparks improves student education. Ms. Martino responded that the Sparks Program has been working in other states. Through the training offered, they have made teachers more aware and more responsible for encouraging children to move more. It takes a lot of time to see improvement of all the efforts. Rep. Johnson followed up with asking if you can compare the data to academic records. Ms. Martino responded that they would love to evaluate that if future funding is available. They have found in other studies that academic scores have improved.

Representative LaRoque recognized Representative Brandon. He asked what NCAAHPERD would need to sustain the organization. Ms. Martino replied that they would need only to maintain their staff and to continue with the fitness training. Representative Brandon wanted to know how the data is kept. The data is kept by the teacher and the raw data goes to NCAAHPERD. They produce a report for the whole state.

Representative LaRoque asked why all the schools aren't participating. Ms. Martino responded that they have just trained an additional 24 and it takes about a semester to get fully invested.

Representative R. Brown asked how much they would need to sustain. Ms. Martino responded \$300,000.

Representative LaRoque asked if they received funds from the Health and Wellness Trust fund. Ms. Martino responded they had received \$400,000.

### **Physical Activity Initiatives for Early Childhood Programs**

Representative LaRoque recognized Lori Rhew, MA, PAPHS, Physical Activity unit Manager, Physical Activity and Nutrition Branch North Carolina Division of Public Health, Department of Health and Human Services. See attached presentation.

Representative LaRoque recognized Alice Lenihan, MPH, RD, LDN, Branch Head, Nutrition Services Branch North Carolina Division of Public Health and Department of Health and Human Services. See attached presentation.

Representative LaRoque recognized Wendi Boggess, First Environment Early Learning Center.

No discussion or debate.

### **Middle School Sport Policies and Sport Participation**

Representative LaRoque recognized Dr. Michael Kanters, Associate Professor, Department of Parks, and Recreation & Tourism Management at NCSU. See attached presentation.

Representative LaRoque recognized Representative Brandon. Representative Brandon pointed out the 5<sup>th</sup> quarter opportunity to play could be a possibility for 6<sup>th</sup> graders to participate. Dr. Kanters agreed with Representative Brandon and said allowing 6<sup>th</sup> graders to play would promote more interest in school sports. Representative Brandon was then recognized for a follow up question. He asked what other states were doing. Dr. Kanters did not have the data on what other states were doing.

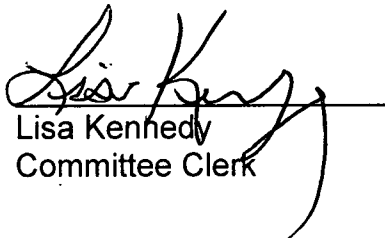
Representative LaRoque asked Dr. Kanters how many schools were participating in intermural. Dr. Kanters said 47% of schools had some sort of club sport and 53% of schools were strictly scholastic.

Representative LaRoque asked Ms. Hildabrand to comment on the intermural programs. She replied that the data is in line with Dr. Kanter's presentation.

Representative LaRoque announced that the next meeting would be on December 8, 2011 at 9:00 a.m. in room 643 of the Legislative Office Building.

The meeting adjourned at 11:55am.

  
Representative Stephen LaRoque  
Presiding Chair

  
Lisa Kennedy  
Committee Clerk

**Lisa Kennedy (Rep. LaRoque)**

---

**From:** Kathy Voss (Rep. Stone)  
**Sent:** Monday, November 28, 2011 5:03 PM  
@InterimCommitteeNotice; Cecil Brockman (Rep. Brandon); Denise Thomas (Fiscal Research); Edward Stiles (Rep. McGrady); Gina Insko (Rep. Insko); Linda Sanderson (Rep. Sanderson); Lisa Hollowell (Fiscal Research); Lisa Kennedy (Rep. LaRoque); Lisa Wilks (Bill Drafting); Lynn Taylor (Rep. Rayne Brown); Mildred Alston (Rep. Pierce); Patsy Pierce (Research); Rep. Chuck McGrady; Rep. Garland Pierce; Rep. Larry Brown; Rep. Larry Pittman; Rep. Linda Johnson; Rep. Marcus Brandon; Rep. Norman Sanderson; Rep. Rayne Brown; Rep. Stephen LaRoque; Sara Kamprath (Research); Teresa Heath (Rep. LaRoque); Theresa Matula (Research); Zane Stilwell (Rep. Larry Brown)  
**Subject:** <NCGA> House Select Committee on Childhood Obesity (CORRECTED)  
**Attachments:** Draft Agenda 12-8 HSC Childhood Obesity (4).doc

**NORTH CAROLINA GENERAL ASSEMBLY**  
Raleigh, North Carolina 27601

November 28, 2011

**MEMORANDUM**

**TO:** Members  
**FROM:** Rep. Norman Sanderson and Rep. Stephen LaRoque  
**SUBJECT:** House Select Committee on Childhood Obesity Meeting Notice

<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>ROOM</b>
Thursday	12/08/2011	9:00 AM	LOB 643

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. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Kathy Voss at (919) 715-3026.

cc: Committee Record   
Interested Parties

**Lisa Kennedy (Rep. LaRoque)**

---

**From:** Kathy Voss (Rep. Stone)  
**Sent:** Monday, November 28, 2011 5:03 PM  
@InterimCommitteeNotice; Cecil Brockman (Rep. Brandon); Denise Thomas (Fiscal Research); Edward Stiles (Rep. McGrady); Gina Insko (Rep. Insko); Linda Sanderson (Rep. Sanderson); Lisa Hollowell (Fiscal Research); Lisa Kennedy (Rep. LaRoque); Lisa Wilks (Bill Drafting); Lynn Taylor (Rep. Rayne Brown); Mildred Alston (Rep. Pierce); Patsy Pierce (Research); Rep. Chuck McGrady; Rep. Garland Pierce; Rep. Larry Brown; Rep. Larry Pittman; Rep. Linda Johnson; Rep. Marcus Brandon; Rep. Norman Sanderson; Rep. Rayne Brown; Rep. Stephen LaRoque; Sara Kamprath (Research); Teresa Heath (Rep. LaRoque); Theresa Matula (Research); Zane Stilwell (Rep. Larry Brown)  
**Subject:** <NCGA> House Select Committee on Childhood Obesity (CORRECTED)  
**Attachments:** Draft Agenda 12-8 HSC Childhood Obesity (4).doc

**NORTH CAROLINA GENERAL ASSEMBLY**

Raleigh, North Carolina 27601

November 28, 2011

**MEMORANDUM**

**TO:** Members  
**FROM:** Rep. Norman Sanderson and Rep. Stephen LaRoque  
**SUBJECT:** House Select Committee on Childhood Obesity Meeting Notice

<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>ROOM</b>
Thursday	12/08/2011	9:00 AM	LOB 643

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. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Kathy Voss at (919) 715-3026.

cc: Committee Record   
Interested Parties

**Lisa Kennedy (Rep. LaRoque)**

---

**From:** Kathy Voss (Rep. Stone)  
**Sent:** Monday, November 28, 2011 5:03 PM  
@InterimCommitteeNotice; Cecil Brockman (Rep. Brandon); Denise Thomas (Fiscal Research); Edward Stiles (Rep. McGrady); Gina Insko (Rep. Insko); Linda Sanderson (Rep. Sanderson); Lisa Hollowell (Fiscal Research); Lisa Kennedy (Rep. LaRoque); Lisa Wilks (Bill Drafting); Lynn Taylor (Rep. Rayne Brown); Mildred Alston (Rep. Pierce); Patsy Pierce (Research); Rep. Chuck McGrady; Rep. Garland Pierce; Rep. Larry Brown; Rep. Larry Pittman; Rep. Linda Johnson; Rep. Marcus Brandon; Rep. Norman Sanderson; Rep. Rayne Brown; Rep. Stephen LaRoque; Sara Kamprath (Research); Teresa Heath (Rep. LaRoque); Theresa Matula (Research); Zane Stilwell (Rep. Larry Brown)  
**Subject:** <NCGA> House Select Committee on Childhood Obesity (CORRECTED)  
**Attachments:** Draft Agenda 12-8 HSC Childhood Obesity (4).doc

**NORTH CAROLINA GENERAL ASSEMBLY**  
Raleigh, North Carolina 27601

November 28, 2011

**MEMORANDUM**

**TO:** Members  
**FROM:** Rep. Norman Sanderson and Rep. Stephen LaRoque  
**SUBJECT:** House Select Committee on Childhood Obesity Meeting Notice

<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>ROOM</b>
Thursday	12/08/2011	9:00 AM	LOB 643

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. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Kathy Voss at (919) 715-3026.

cc: Committee Record   
Interested Parties



## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

---

### AGENDA

December 8, 2011  
9:00 AM, Room 643, Legislative Office Building

#### WELCOME AND INTRODUCTION

Rep. Stephen LaRoque, Co-Chair  
Rep. Norman Sanderson, Co-Chair

- S.L. 2010-117(HB 1726), Improve Childcare Nutrition Standards
  - Jani Kozlowski, Director's Office, Policy Unit Manager, Division of Child Development and Early Education
  - Alice Lenihan, Branch Head, Nutrition Services Branch, Division of Public Health
- School Nutrition Program
  - Lynn Harvey, Section Chief, Child Nutrition Services, DPI
- NC General Assembly Program Evaluation Division Child Nutrition Programs Study Report
  - Carol Ripple, Principal Evaluator
- Fresh and Local Food in Communities
  - Alice Ammerman, Director, Center for Health Promotion Disease Prevention, UNC-CH  
Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine, UNC-CH

#### Committee Discussion



## VISITOR REGISTRATION SHEET

Select Committee on Childhood Obesity  
Name of Committee

11-8-11  
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jani Kozlowski	DCDEE
KRIS HARTEN	DHHS
Matt Gross	NCPL
Pat Nissen	NC Partnership for Children
Lynn Harvey	NCDPI, Child Nutrition Svcs.
Ben Matthew	" "
Paul Hildebrand	DPI, NC Healthy Schools
Arietta Co	DHHS, Public Health
Veronica Bryant	DHHS, Social Services
Larissa Calanore	UNC, Dept Nutrition, HPDP
LINDEN THAYER	UNC Child Nutrition, HPDP

# VISITOR REGISTRATION SHEET

Select Committee on Childhood Obesity  
Name of Committee

11-8-11  
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Peg O'Connell	NC Alliance 4 Health
---------------	----------------------

Betsy Vetter	American Heart Assn
--------------	---------------------

Teresa Heath	Intern for Rep LaRogue
--------------	------------------------

ALICE AMMON	UNC - HARPER HILL
-------------	-------------------

Walt Willoughby	Pivitas
-----------------	---------

Evan Schuelke	UNC-CH
---------------	--------

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

SESSION LAW 2010-117  
HOUSE BILL 1726

AN ACT TO REQUIRE THE CHILD CARE COMMISSION, IN CONSULTATION WITH THE DIVISION OF CHILD DEVELOPMENT OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO DEVELOP IMPROVED NUTRITION STANDARDS FOR CHILD CARE FACILITIES, TO DIRECT THE DIVISION OF CHILD DEVELOPMENT TO STUDY AND RECOMMEND GUIDELINES FOR INCREASED LEVELS OF PHYSICAL ACTIVITY IN CHILD CARE FACILITIES, AND TO DIRECT THE DIVISION OF PUBLIC HEALTH TO WORK WITH OTHER ENTITIES TO EXAMINE AND MAKE RECOMMENDATIONS FOR IMPROVING NUTRITION STANDARDS IN CHILD CARE FACILITIES.

The General Assembly of North Carolina enacts:

**SECTION 1.** G.S. 110-91(2) reads as rewritten:

"(2) Health-Related Activities. – The Commission shall adopt rules for child care facilities to ensure that all children receive nutritious food and beverages according to their developmental needs. ~~After consultation with the State Health Director, The Commission shall consult with the Division of Child Development of the Department of Health and Human Services to develop~~ nutrition standards ~~shall to provide for requirements appropriate for children of different ages. In developing nutrition standards, the Commission shall consider the following recommendations:~~

- a. Limiting or prohibiting the serving of sweetened beverages, other than 100% fruit juice, to children of any age.
- b. Limiting or prohibiting the serving of whole milk to children two years of age or older or flavored milk to children of any age.
- c. Limiting or prohibiting the serving of more than six ounces of juice per day to children of any age.
- d. Limiting or prohibiting the serving of juice from a bottle.
- e. Creating an exception from the rules for parents of children who have medical needs, special diets, or food allergies.
- f. Creating an exception from the rules to allow a parent or guardian, or to allow the center upon the request of a parent or guardian, to provide to a child food and beverages that may not meet the nutrition standards.

Each child care facility shall have a rest period for each child in care after lunch or at some other appropriate time and arrange for each child in care to be out-of-doors each day if weather conditions permit."

**SECTION 2.** The Department of Health and Human Services, Division of Child Development, shall examine the current levels of physical activity children receive in child care facilities and review model physical activity guidelines. Not later than September 1, 2011, the Division shall report its findings and recommendations for increasing physical activity levels in child care facilities, with a goal of reaching model guidelines, to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 3.** The Department of Health and Human Services, Division of Public Health, in conjunction with the Division of Child Development, nutritionists, pediatricians, and child care providers, shall examine the current nutrition standards for children in child care facilities. This examination shall be conducted in consideration of any potential changes in the federal guidelines related to the Child and Adult Care Food Program. Not later than December



1, 2010, the Division of Public Health shall report its findings and recommendations for improving nutrition standards in child care facilities to the Legislative Task Force on Childhood Obesity, if reestablished, to the Public Health Study Commission, and to the Fiscal Research Division.

**SECTION 4.** This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 9<sup>th</sup> day of July, 2010.


s/ Walter H. Dalton  
President of the Senate

s/ Joe Hackney  
Speaker of the House of Representatives


s/ Beverly E. Perdue  
Governor

Approved 3:23 p.m. this 20<sup>th</sup> day of July, 2010

# Nutrition Challenges in the Preschool Years



**Alcoholism, NPH, RD, LCH  
Branch/Head  
Nutrition Services Branch  
Division of Public Health**

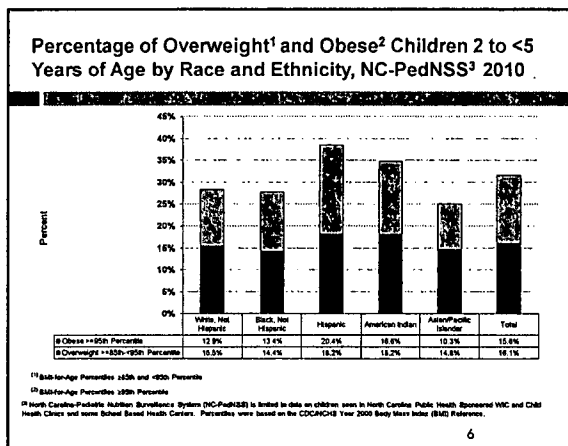
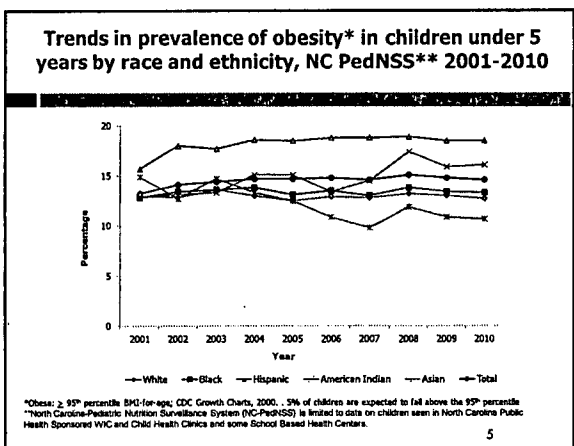
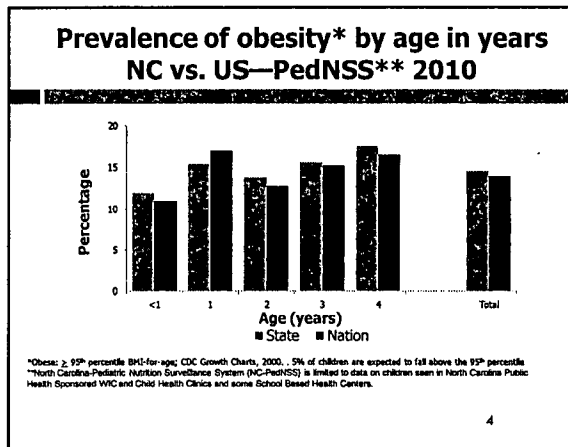
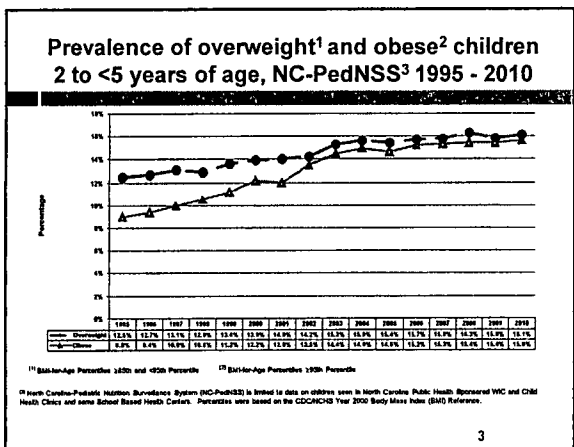


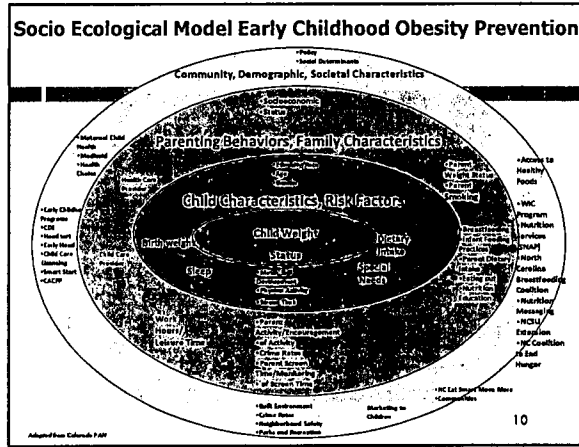
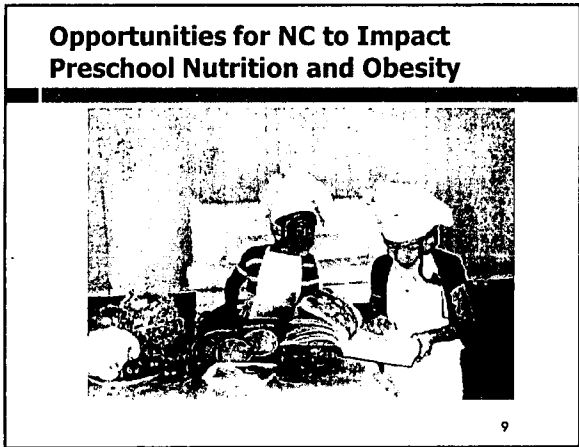
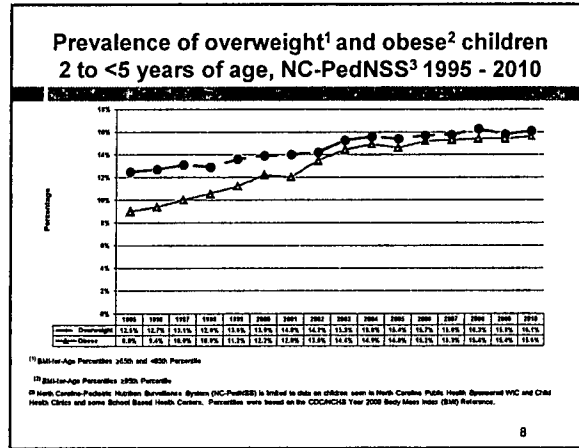
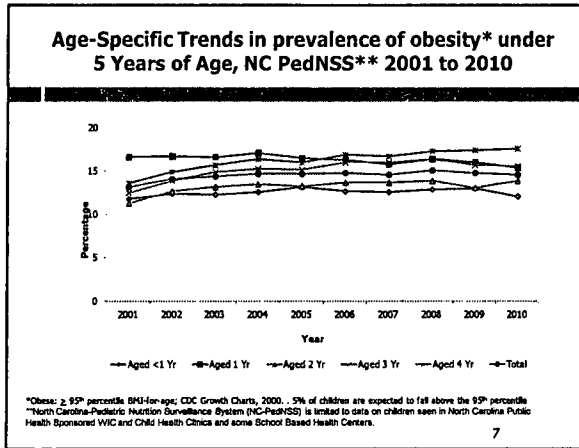
## Definition of Overweight and Obesity in Children and Adolescents

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than 95th percentile
Obese	Equal or greater than the 95th percentile

Reference: [www.cdc.gov/healthypeople/objectivesandmeasures/objectives.htm#2010/2010\\_001](http://www.cdc.gov/healthypeople/objectivesandmeasures/objectives.htm#2010/2010_001)

2





### Child and Adult Care Food Program (CACFP)

- Child Care Centers- 2,100+ Centers
- Family Day Care Homes- 2,700+ homes

On going staff training and support of physical activity licensing requirements.

### Reimbursable Meal Requirements

[www.fns.usda.gov/fns/regulations.htm](http://www.fns.usda.gov/fns/regulations.htm)

**CACFP Nutrition Requirements**

- CACFP nutrition requirements are food based not nutrient based
- Daily requirement for food categories and amounts
- Established by the U.S. Department of Agriculture

13

**General Assembly Obesity Task Force Recommendations  
HB 1726**

- Division of Child Development shall consider a number of nutrition standards.
- Division of Public Health will examine current standards and report to the General Assembly.
- Limit or prohibit serving of sweetened beverages, other than 100% fruit juice to children of any age.

15

**General Assembly Obesity Task Force Recommendations  
HB 1726**

- Limit or prohibit the serving of whole milk to children two years of age or older or flavored milk to children of any age.
- Limit or prohibit the serving of more than six ounces of juice a day to children of any age.
- Limit or prohibit the serving of juice from a bottle.

14

**General Assembly Obesity Task Force Recommendations  
HB 1726**

- Division of Child Development shall consider a number of nutrition standards.
  - Division of Public Health will examine current standards and report to the General Assembly.
- Consider**
- Limit or prohibit serving of sweetened beverages, other than 100% fruit juice to children of any age.

16

**General Assembly Obesity Task Force Recommendations  
HB 1726**

- Creating an exception from the rules for parents of children with medical needs, special diets or allergies.
- Create an exception to allow a parent/guardian to allow upon request foods that do not meet the nutrition standards.

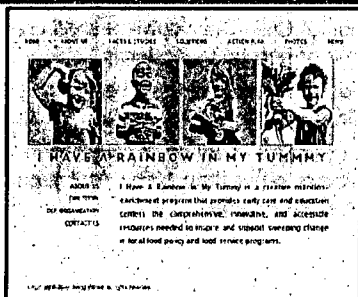
17

**DPH Listening Sessions**

- To gather input for on Nutrition Standards Recommendations
- Charlotte- October 11, 2010
  - Greensboro- October 14, 2010
  - Ashville- October 18, 2010
  - Greenville- October 25, 2010

18

### Listening Sessions Feedback Best Practices- Asheville



19

### Healthy Futures Starting in the Kitchen- Mecklenburg County



20

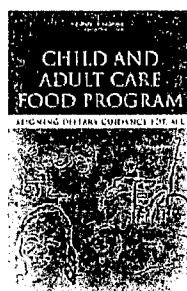
### Nutrition and Physical Activity Assessment for Child Care (NAP-SACC)- Guilford County Model



- Child Care Health Consultants
- Smart Start Partnership with Local Health Departments

21

### Institute of Medicine (IOM) Report



- Dietary Guidelines for Americans
- Prevention Childhood Obesity in Early Care and Education Programs

22

### Challenges of Child Care Meals

- Cost of foods
- Availability of foods
- Children's preference- parents
- Self prep/vend meals
- Facility kitchen, storage, skills
- Meal reimbursement
- Training needs

23

### DPH Report Recommendations

#### Phase Approach

#### Phase I

- Cost-neutral
- Minimal training required

#### Phase II

- Additional collaboration DPH & DCDEE
- Work with food vendors to ensure availability of foods

24

### DPH Report Recommendations

#### Phase II

- Prohibit the serving of sweetened beverages, other than 100% fruit juice, to children of any age.
- Prohibit the serving of more than six ounces of juice per day to children of any age.
- Prohibit the serving of juice from a bottle.
- Prohibit the serving of whole milk to children two years of age or older.
- Prohibit the serving of flavored milk to children of any age.
- Create an exception from the rules for parents of children who have medical needs, special diets, or food allergies.

25

### DPH Report Recommendations

#### Phase II

- Limit the number of grains containing added sugars and increase the number of whole grains.
- Limit foods high in fat and salt.

26

### Steps to Support Changes

- Kids Eat Smart Move More
  - USDA Grant to DPH Nutrition Services
    - Training statewide
    - On line training for staff and parents
    - Outreach campaign
    - Mini grants to child care providers
- Division of Public Health Trainings
  - Statewide Conference- September 2011
  - Regional Trainings- ongoing
- Continued collaboration with the Division of Child Development and Early Education

27

Report to the House Select Committee  
on Childhood Obesity  
December 8<sup>th</sup>, 2011

---


## Improving Child Care Nutrition Standards

Jani Kozlowski, MA  
Fiscal & Statutory Policy Unit Manager  
Department of Health & Human Services  
Division of Child Development and Early Education

### Advantages of the Child Care Setting for Promoting Healthy Practices

---

- Meals/snacks typically provided
- Teacher as role model
- Learning environment to practice healthy habits
- Potential to introduce healthy nutrition concepts into the curriculum



2

### Child Care Commission

---

- 17 members that meet quarterly
- Appointed by the Governor, Speaker of the House & President Pro Tempore of the Senate
- Membership categories include:
  - For-profit & non-profit child care providers
  - Family Child Care Home provider
  - Parents
  - Private citizens
  - Pediatrician
  - Early Childhood Specialists

3

### Child Care Commission, cont'd

---

In August, 2010, obesity prevention rules were adopted related to:

- Expectations for time spent engaged in outdoor play to promote increased physical activity
- Limitations on screen time for children in child care
- Accommodations for breast-feeding mothers
- No fiscal impact on child care providers and rules have been well-received

4

### Child Care Commission, cont'd

---

Voted to publish the following nutrition rules on September 27, 2011:

- Children ages two years and older shall be served either skim or lowfat milk.
- Food brought from home may reflect cultural and ethnic preferences, such as a vegetarian diet.
- The food required by special diets for medical, religious or cultural reasons, may be provided by the facility or may be brought to the facility by the parents.

5

### Child Care Commission, cont'd

---

Voted to publish the following nutrition rules on September 27, 2011:

- Food with little or no nutritional value served as a snack, such as cookies, chips, donuts, etc., shall be available only for special occasions.
- Children shall not be served flavored milk or sugary drinks, including Kool-Aid, fruit drinks, sports drinks, sweet tea and soda. No more than 6 ounces of 100% fruit juice shall be offered per day.

6

### Child Care Commission, cont'd

Voted to publish the following nutrition rules on September 27, 2011:

- Staff shall role model appropriate eating behaviors by not consuming foods or beverages with little or no nutritional value in the presence of children in care.
- Parents shall be allowed to provide breast milk for their children.
- Infants shall not be served juice in a bottle without a prescription or written statement on file from a health care professional or licensed dietician/nutritionist.

7

### Next Steps

- Proposed rules are cost-neutral and will require minimal training efforts
- Public comment period beginning in mid-January
- Public hearing opportunity at the Child Care Commission meeting on February 28, 2012
- Commission could vote to adopt rules during meeting on May 8, 2012
- If approved, DCDEE will put a plan in place to support child care providers with implementation of nutrition standards
- Continued collaboration with the Division of Public Health on training efforts and future policy recommendations

8

### Questions?



9

Report to the House Select Committee  
on Childhood Obesity  
December 8<sup>th</sup>, 2011

---


## Improving Child Care Nutrition Standards

Jani Kozlowski, MA  
Fiscal & Statutory Policy Unit Manager  
Department of Health & Human Services  
Division of Child Development and Early Education

### Advantages of the Child Care Setting for Promoting Healthy Practices

---

- Meals/snacks typically provided
- Teacher as role model
- Learning environment to practice healthy habits
- Potential to introduce healthy nutrition concepts into the curriculum



2

### Child Care Commission

---

- 17 members that meet quarterly
- Appointed by the Governor, Speaker of the House & President Pro Tempore of the Senate
- Membership categories include:
  - For-profit & non-profit child care providers
  - Family Child Care Home provider
  - Parents
  - Private citizens
  - Pediatrician
  - Early Childhood Specialists

3

### Child Care Commission, cont'd

---

In August, 2010, obesity prevention rules were adopted related to:

- Expectations for time spent engaged in outdoor play to promote increased physical activity
- Limitations on screen time for children in child care
- Accommodations for breast-feeding mothers
- No fiscal impact on child care providers and rules have been well-received

4

### Child Care Commission, cont'd

---

Voted to publish the following nutrition rules on September 27, 2011:

- Children ages two years and older shall be served either skim or lowfat milk.
- Food brought from home may reflect cultural and ethnic preferences, such as a vegetarian diet.
- The food required by special diets for medical, religious or cultural reasons, may be provided by the facility or may be brought to the facility by the parents.

5

### Child Care Commission, cont'd

---

Voted to publish the following nutrition rules on September 27, 2011:

- Food with little or no nutritional value served as a snack, such as cookies, chips, donuts, etc., shall be available only for special occasions.
- Children shall not be served flavored milk or sugary drinks, including Kool-Aid, fruit drinks, sports drinks, sweet tea and soda. No more than 6 ounces of 100% fruit juice shall be offered per day.

6

### Child Care Commission, cont'd

Voted to publish the following nutrition rules on September 27, 2011:

- Staff shall role model appropriate eating behaviors by not consuming foods or beverages with little or no nutritional value in the presence of children in care.
- Parents shall be allowed to provide breast milk for their children.
- Infants shall not be served juice in a bottle without a prescription or written statement on file from a health care professional or licensed dietician/nutritionist.

7

### Next Steps

- Proposed rules are cost-neutral and will require minimal training efforts
- Public comment period beginning in mid-January
- Public hearing opportunity at the Child Care Commission meeting on February 28, 2012
- Commission could vote to adopt rules during meeting on May 8, 2012
- If approved, DCDEE will put a plan in place to support child care providers with implementation of nutrition standards
- Continued collaboration with the Division of Public Health on training efforts and future policy recommendations

8

### Questions?



## School Nutrition Programs in North Carolina

House Select Committee on Childhood Obesity

December 8, 2011

Lynn Harvey, Ed.D., RD, LDN, FADA  
Child Nutrition Services, NCDPI

## Today's discussion

- ✓ Overview of school nutrition programs
- ✓ Brief "snapshot" of the history of the school nutrition program in NC
- ✓ Current school nutrition environment
- ✓ Challenges facing the school nutrition program
- ✓ Opportunities for the future

## Child Nutrition Programs administered by the NCDPI

### School Breakfast and Lunch Programs

- ✓ 8<sup>th</sup> largest program in the nation
- ✓ 1.8 million meals served daily
- ✓ Available to all students enrolled in public school
- ✓ 53% of students qualify for free or reduced price meals (by household income)
- ✓ Governed by Federal regulations



## Child Nutrition Programs administered by the NCDPI

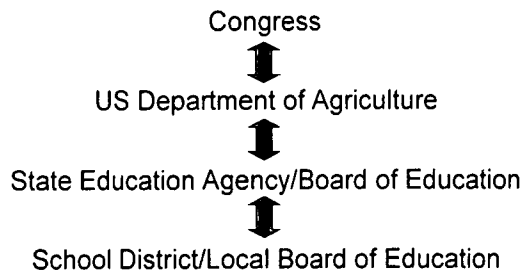
After School Snack Program – provides snacks for students who attend after school enrichment programs

Summer Seamless Option – provides meals to students when school is out of session (summer and year-round track out periods)

Fresh Fruit and Vegetable Program – provides funds for free fresh fruits and vegetables for in-school snacks



### How School Nutrition Programs Operate

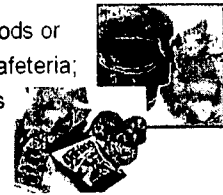


### Terminology



Reimbursable Meal – A meal that qualifies for Federal reimbursement because it meets requirements for food components or nutrients; must meet USDA nutrition standards

*A la Carte* items – Individual foods or beverages sold in the school cafeteria; there are no nutrition standards and no reimbursement for these items



### Many ask... What is the purpose of the Child Nutrition Program?

A nutrition program that promotes the optimal growth, development and health of students while supporting their academic success?



### Many ask... What is the purpose of the Child Nutrition Program?

A food service enterprise program housed on the school campus that generates enough money to support its operations and/or generate revenues for the district?



## How did we get here?



President Harry S. Truman signs the National School Lunch Act into law on June 4, 1946

*"Today as I sign the National School Lunch Act, I feel that Congress has acted with great wisdom in providing the basis for strengthening the nation through better nutrition for our school children...I hope that all state and local authorities will cooperate fully...in establishing the cooperative school lunch in every possible community."*

## 1946 – 1980

### Child Nutrition Programs thrive *"this is the right thing to do for children"*

- > Educators/administrators viewed school nutrition program as part of total education program
- > Nutrition education was a component of state curricula
- > *"Hungry children can not learn"*
- > Child Nutrition Act of 1966 – expanded and strengthened the program to include School Breakfast and Summer Meals Programs
- > Funding to states increases; more funding available for high need areas

*Success in the school nutrition program is measured by the ability to provide nutritious, appealing meals to students.*

## 1981 - 1989

### Massive Federal Budget Cut funding crisis closes some programs

- > Program is devastated by \$1.8 billion budget cut
- > Federal budget cuts proposed annually
- > States struggle to keep program operational
- > Schools begin to sell supplemental items
- > A la carte service begins; offers relief from budget cuts
- > 1987 – federal program funds restored...

## 1990 - 2003

### Priority for the Program Shifts

- > A la carte program is thriving; schools are making money
- > Stigma associated with the "traditional meal"
- > Children develop appetite for a la carte items
- > Schools develop appetite for revenues from a la carte foods and beverages
- > State and local funding support allocated elsewhere
- > Indirect costs assessed to CN program

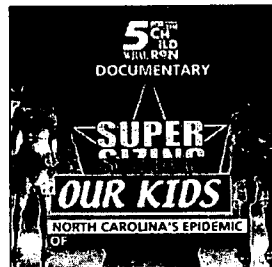
### Shift in Priorities

Over the past 30 years, there has been a cultural, nutritional, operational and financial shift in priorities surrounding the school nutrition program.

In many NC school districts, the philosophy of "What is the right thing to do for children" has been replaced with the administration's priority of "How much revenue can be generated?"

*Success in the school nutrition program is often measured by its financial solvency, not high quality, nutritious meals for students.*

### NC has the fifth fattest student body in the nation.



### It's a Fact...

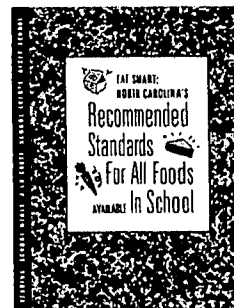
Reimbursable school meals are not the cause of the epidemic, but schools and School Nutrition Programs can be part of the solution and the national commitment to end childhood obesity in this generation.



### NC pilots nutrition standards

"Healthful School Food Choices Pilot Program"  
(July, 20 2004)

Legislation provides \$25,000 for "no risk" pilots in eight NC LEAs in grades K – 5 for the 2004 – 2005 school year



### Results of the "No-Risk Pilots"

- ✓ Food costs were higher, especially whole grains, fresh fruits and vegetables.
- ✓ Production costs were higher.
- ✓ Schools were not adequately equipped.
- ✓ Districts lost fifteen times the amount that was appropriated for the pilot in less than 5 months due to decreased *A la Carte* sales.
- ✓ The anticipated cost of implementing nutrition standards in elementary school is \$20 million annually.



### NC General Statute mandated nutrition standards

(G.S. 115C-264)

In October, 2006, the SBE adopted nutrition standards for elementary schools that are consistent with the *Dietary Guidelines for Americans*. All elementary schools were to comply with the nutrition standards by the end of the 2007 – 2008\* school year.

In 2008, after voluntary implementation, NC schools lost collectively \$23 million.



\*Time line for implementation has been extended until funding is available.

### NC's School Nutrition Programs have made tremendous progress

- ✓ Achieving USDA's School Meals Initiative
- ✓ Increasing fresh fruits and vegetables
- ✓ Increasing whole grain foods
- ✓ Limiting fried foods
- ✓ Eliminating whole milk
- ✓ Limiting foods high in fat and/or sugar
- ✓ Emphasized the reimbursable meal
- ✓ Formed a state-wide purchasing alliance
- ✓ Implemented Farm-to-School Program
- ✓ 95% of elementary schools achieved nutrition standards...until they lost money



### Current challenges in the School Nutrition Programs

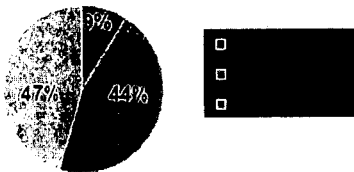
Programs expected to operate as enterprise business on the school campus and must produce revenues to cover:

- > Food and supplies
- > Salaries for all staff
- > Benefits (health, longevity, retirement, workman's compensation)
- > State-mandated pay raises
- > Equipment and technology
- > Indirect costs
- > Other costs



### Where does the money go?

Expenses in  
NC's Child Nutrition Program



### Operating costs are increasing

- ✓ Food Costs
- ✓ Fuel/Delivery Costs
- ✓ Service/maintenance
- ✓ Labor Costs
- ✓ Employee Benefits
- ✓ Equipment Costs
- ✓ Indirect Costs
- ✓ Other Costs



### Program revenues are decreasing

- > Federal Reimbursement does not cover the cost of preparing/serving the meal.
- > Commodity entitlement remains limited.
- > *A la Carte* sales have plummeted as less healthful foods and beverages have been replaced with more healthful options.
- > There is a diminished profit margin for more healthful foods.
- > There are no state or local funds to support the program.



### Economics of North Carolina's School Meals Program

Example:

\$2.98	average cost to produce a school lunch
<u>\$2.77</u>	Federal reimbursement for "free" meal
\$ .21	
\$2.98	average cost to produce a school lunch
\$2.00	average cost to a paying student
<u>\$ .26</u>	Federal reimbursement for "paid" meal
\$ .72	

### Economics of North Carolina's School Meals Program

Example:

\$2.98 average cost to produce a school lunch  
 \$2.37 Federal reimbursement for "reduced price"  
\$ .40 Amount owed by student  
 \$ .21

But what if the child does not have the \$ .40 to pay for the meal? In some districts, Board-approved meal charge policies deny meals to students who do not have money for their meals.

### Meal participation drives Federal reimbursement

Breakfast participation is low

37% in Elementary School

19% in Middle School

12% in High School

Lunch Participation is moderate

77% in Elementary School

69% in Middle School

42% in High School

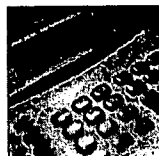
### Philosophy versus Reality

While the philosophy suggests the school nutrition program is a program that promotes the optimal growth, development and health of students while supporting their academic success...

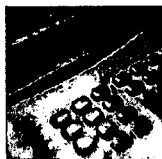


### Philosophy versus Reality

The reality is that the program is a food service enterprise program housed on the school campus that generates enough money to support its operations and/or generate revenues for the district.



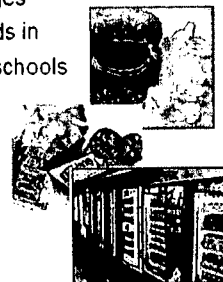
### Philosophy versus Reality



The reality is that the program is a food service enterprise program housed on the school campus that generates enough money to support its operations and/or generate revenues for the district.

### As a result of these challenges, CN Programs have been required to:

- ❖ Return to and increase the sale of high calorie (fat and sugar) foods and beverages
- ❖ Return to the sale of fried foods in elementary, middle and high schools
- ❖ Cut labor to the exclusion of meal quality and safety
- ❖ Decreased the amount of fruits and vegetables
- ❖ Considered eliminating the school breakfast program

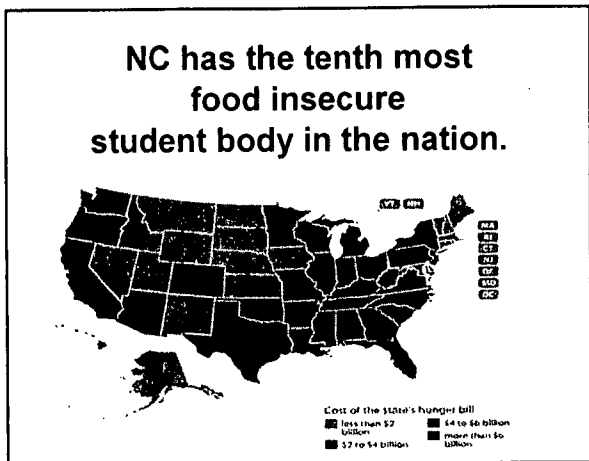


### Healthy School Foods vs. Healthy School Finances

*These challenges in the CN Program are NOT the result of poor program management. NC leads many states in its qualified, certified Child Nutrition Directors. Most are academically well-prepared, experienced, and competent. And most have a passion for serving the LEA to promote student's optimal growth, development and academic achievement. The time has come to re-define the criteria for a "successful" Child Nutrition Program in our state.*

### Healthy, Hunger Free Kids Act and USDA Proposed Meal Pattern will reshape the school nutrition program

- ✓Increases servings of fruits, vegetables and whole grain products
- ✓Increases the reimbursement rate for lunch meals by 6 cents
- ✓Anticipated cost of new meal pattern 56 cents



**NC has the tenth most food insecure student body in the nation.**

**NOKID HUNGRY**  
SHARE OUR STRENGTH

Photos from ABC News, Time Magazine and Share our Strength

- Barriers to Optimal Nutrition Environment that supports Obesity Prevention**
- ❖ Inadequate funds
  - ❖ Nutrition not valued as part of the instructional day
  - ❖ Limited time and/or space for students to eat meals at school
  - ❖ Too little nutrition education to influence children's eating habits
  - ❖ Conflicting messages
  - ❖ Student taste preferences

**What is the purpose of the Child Nutrition Program?**

Until such time as we start measuring the success of the School Nutrition Program based on re-shaping students' waistlines instead of the bottom line

OR

it will not be possible to make huge strides in the nutritional integrity of school meals

### What is the solution?

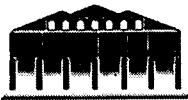
- ✓ The CN Program MUST become a nutrition program that supports the optimal health, well-being and academic success of students.
- ✓ Adequate Federal, State and local funds must be available to ensure the total school community supports healthful school meals.
- ✓ School meals must be nutritious, affordable, achievable and appealing to students.

### What is the solution?

- ✓ Students must have a reasonable meal period with sufficient time to consume healthful meals and snacks.
- ✓ Nutrition education must be part of the curriculum; students must be healthy to learn and they must learn to be healthy.
- ✓ Decisions regarding foods and beverages must be based on student health and well-being, not profits.

*Thank you for your  
support of healthy  
school meals.*

*Do you have questions?*



# Child Nutrition Programs Challenged to Meet Nutrition Standards, Maintain Participation, and Remain Solvent

A presentation to the  
House Select Committee on Childhood Obesity  
December 8, 2011

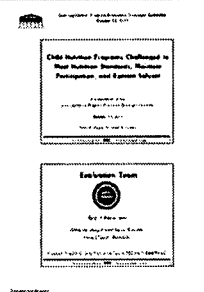
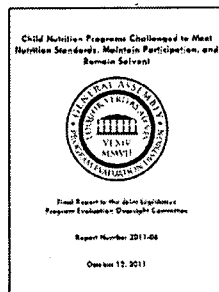
Carol H. Ripple, Principal Evaluator  
Program Evaluation Division



## Handouts

The Full Report

Today's Slides





## Evaluation Team

Carol H. Ripple, Lead

Catherine Moga Bryant, Senior Evaluator

Pamela Taylor, Statistician

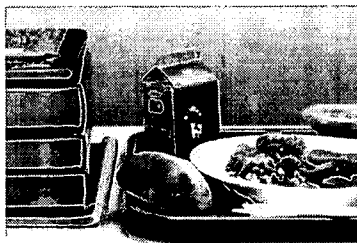
Elizabeth Friedland, Amy Fryt, & Alice Yen

PED Interns Korinne Chiu & Safa Sajadi



## Overview: Our Charge

- NC Session Law 2010-115
- Task Force on Childhood Obesity  
2010 Report Recommendation
- Focus on
  - Indirect costs
  - Nutrition standards



Report p. 2





## Overview: Findings

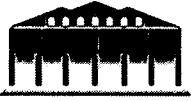
1. Program viability depends on a delicate balance of cost, nutritional value, and student participation
2. Research on this so-called “trilemma” reveals challenges and some promising results



## Overview: Findings

3. Indirect costs challenge program solvency
4. North Carolina does not supplement federal funding beyond the required match
5. Programs have adopted strategies to address the trilemma





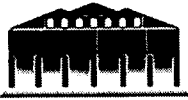
## Overview: Recommendations

- Require program solvency before indirect costs may be assessed
- Support the North Carolina Procurement Alliance



## Background





## Child Nutrition Program Purpose

- Federal program began in 1946
- Provides schoolchildren access to nutritious foods at school
- What those foods consist of is important: children consume up to 50% of daily calories at school



## Program Funding (FY 2009-10)

- For this report, “school meals” consist of lunch and breakfast
- In North Carolina:

Source	Amount	Percent
Federal	\$429.5 million	67%
Local	200.8 million	32%
State	7.5 million	1%
<b>Total</b>	<b>\$637.8 million</b>	<b>100%</b>





## All School Districts Operate a Program

- Prepare and serve food to children
- Collect revenue based on food purchased (including federal reimbursements and student payments)
- All expenses paid from sales revenue
- May be charged indirect costs by the district

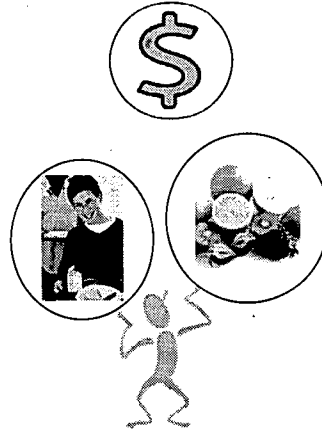


## Findings





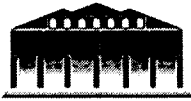
**Finding 1.  
Program viability  
depends on a  
delicate balance of  
cost, nutrition, and  
student  
participation**



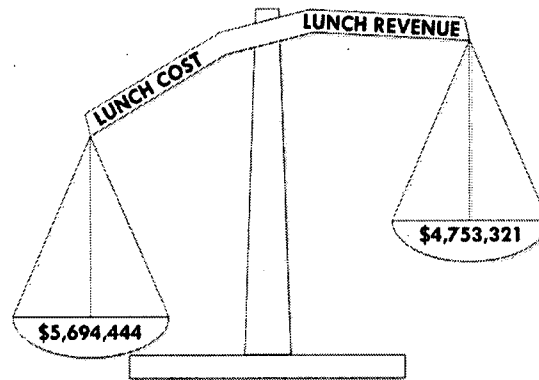
**Cost, Nutrition, Participation:  
The “Trilemma”**

- On average, North Carolina’s Child Nutrition Programs lose money on each reimbursable meal served
- Nutritious foods cost more
- Student participation = revenue





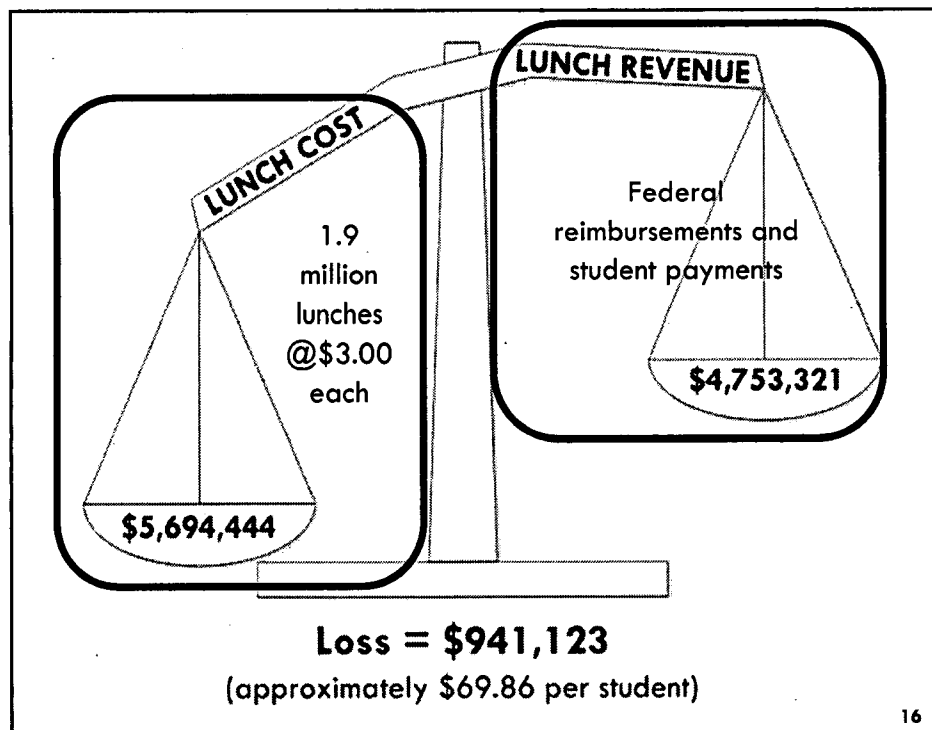
## Lunch Cost and Revenue in an Average-Sized District, 2009-10



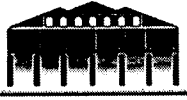
**Loss = \$941,123**  
(approximately \$69.86 per student)

Report p. 10

15



16



## The Trilemma

- Programs sell à la carte foods to fill the revenue gap
- À la carte items do not have to meet nutrition standards

*"We survive on à la carte. Twenty-five percent of our budget comes from à la carte sales."*

- Child Nutrition Director



## Nutrition Standards

- School meals must meet federal nutrition requirements
- North Carolina has its own (unfunded, voluntary) standards
- New federal requirements proposed in February 2011 are under review
  - Not yet clear what they will be or when they will be in effect





### Nutritious Foods Cost More

Food Item		Cost per Serving	Annual Cost of One Serving per Week (All LEAs)		Annual Cost Difference for Healthier Option	
Tortillas	Whole wheat flour	\$0.51	\$	16,144,838	+\$	11,396,356
	White flour	\$0.15	\$	4,748,482		
Apples	Whole fresh apples	\$0.31	\$	9,813,529	+\$	5,065,047
	Canned applesauce	\$0.15	\$	4,748,482		

Report p. 12

---

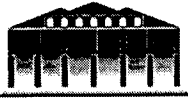
Program Evaluation Division North Carolina General Assembly 19

## Finding 2.

### Research on state efforts to address the trilemma reveals challenges and some promising results

---

Program Evaluation Division North Carolina General Assembly 20



## Promising Results

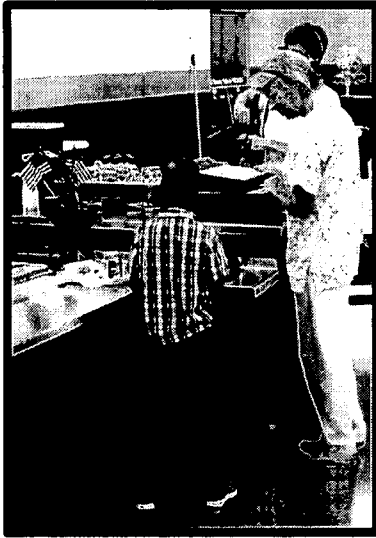
- Research on introducing healthy foods demonstrates the effects of careful implementation
  - Limited loss in participation
  - Can control costs



## Challenges

- Data show despite increased revenue, increased costs for healthy foods may outpace revenue
- 2005 pilot of North Carolina nutrition standards in 124 elementary schools led to financial losses and reintroduction of less healthy foods





**Finding 3.  
The lack of local  
guidelines for  
indirect cost  
assessment  
challenges program  
solvency and adds  
to cost pressure**



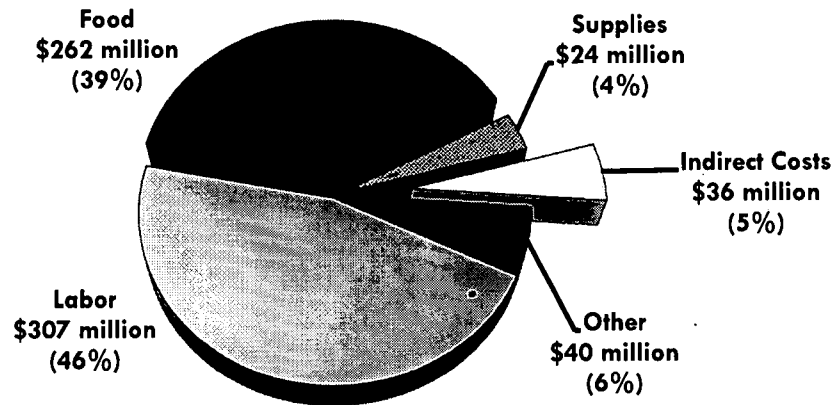
## **Indirect Costs**

- Federal grant programs, including Child Nutrition, pay school districts for costs not readily allocable to the program
- Federal rules determine how rates are calculated
- School districts have discretion to assess full, partial, or no indirect costs to Child Nutrition Programs





## Indirect Costs Average 5% of Annual Program Expenditures



Total average annual expenditures=\$669 million (FY 2007-08 to 2009-10)

Report p. 17



## Indirect Costs

- 55% of programs paid indirect costs in 2010-11
- This rate is down from 95% in FY 2007-08
- Can be an important source of revenue for districts
  - Number of districts assessing indirect costs is likely on the rise





## Child Nutrition Program Solvency

- Solvency = at least one month's operating balance
  - Cash on hand
- Operating balance is important because federal reimbursements may take six weeks



## Solvency and Indirect Costs

- 60 programs averaged less than 1 month's operating balance from 2007-08 to 2009-10
- More than half of these programs paid indirect costs
  - Average payment = \$184,658
  - Average loss = \$53,266





**Finding 4.**  
**North Carolina is among a  
minority of states that do not  
supplement federal funding  
beyond the required state match**



**State Funding Strategies**

- Thirty-two other states supplement funds
- Recurring appropriation of a flat amount (e.g., Georgia)
- Fund Child Nutrition Program labor (e.g., Alabama, West Virginia)
- Provide meal reimbursements (e.g., Florida, Virginia)

Report pp. 21-22





## Finding 5.

**With limited options to ensure financial viability, programs have adopted other strategies to address the trilemma**



## North Carolina Procurement Alliance

- Opportunity to achieve economies of scale when purchasing food and supplies
- 84 members (program directors)
- Members have realized an average of 6% savings on food and supplies



Report pp. 22-23





## Increasing Fresh Foods in Schools

- USDA Fresh Fruits and Vegetables Program
  - Federal funding
- Farm to School Program
  - Access

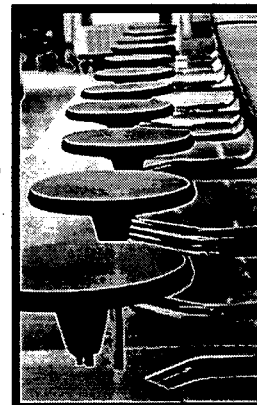


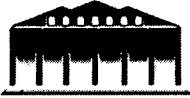
Report pp. 22-23



## Strategies to Address the Trilemma

- “Nudging” with behavioral economics
  - Cafeteria design
  - Suggesting healthy options
  - Renaming foods
  - Packaging
- Careful implementation of change



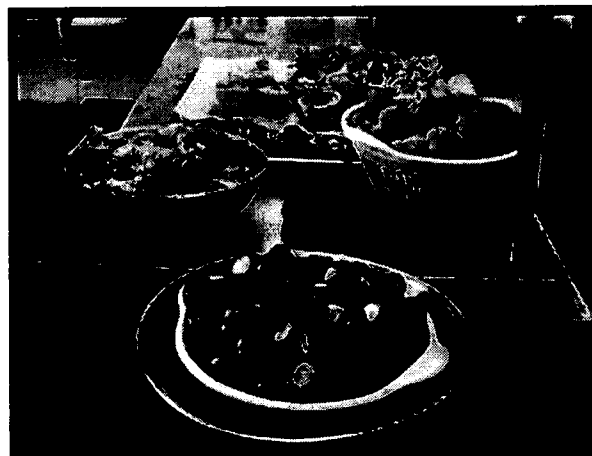


## Uncertainty About Federal Changes Affects Recommendations

- Directed to estimate the cost of implementing state nutrition requirements
- A well-designed pilot would help determine the cost of expanding existing nutrition requirements while controlling costs and maintaining participation
- However, pending federal nutrition requirements will take precedence over existing state guidelines



## Recommendations





**Recommendation 1.  
Require at least one month's  
operating balance before districts  
can assess indirect costs**



**Limit Indirect Cost Assessment**

- Despite existing Department of Public Instruction guidelines, data indicate indirect costs are sometimes charged to insolvent Child Nutrition Programs
- Legislation would support the program's mission
- Solvency based on a three-year rolling average operating balance





## **Recommendation 2. Fund administrative support for the North Carolina Procurement Alliance**



## **Support the Procurement Alliance**

- \$80,000 for administrative support
- Expand items, vendors, and participants
- Remove administrative burden from participating program directors
- Potential \$6 return on each \$1 invested





## Legislative Action

- The Joint Program Evaluation Oversight Committee endorsed both recommendations
- Instructed staff to draft legislation



## Summary

- Child Nutrition Programs balance cost, nutrition, and student participation
- Increasing nutrition standards increases cost pressures
- Indirect costs alone do not determine solvency but they add financial pressure
- Limit indirect cost assessment and support procurement savings to bolster the program's mission



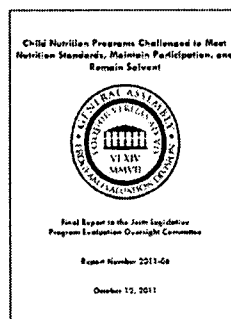


## Department of Public Instruction Response

- The department concurs with the findings and agrees with the recommendations in this report
- Suggest internal processes rather than legislation to limit indirect cost assessment



**Report available online at**  
**[www.ncleg.net/PED/Reports/reports.html](http://www.ncleg.net/PED/Reports/reports.html)**

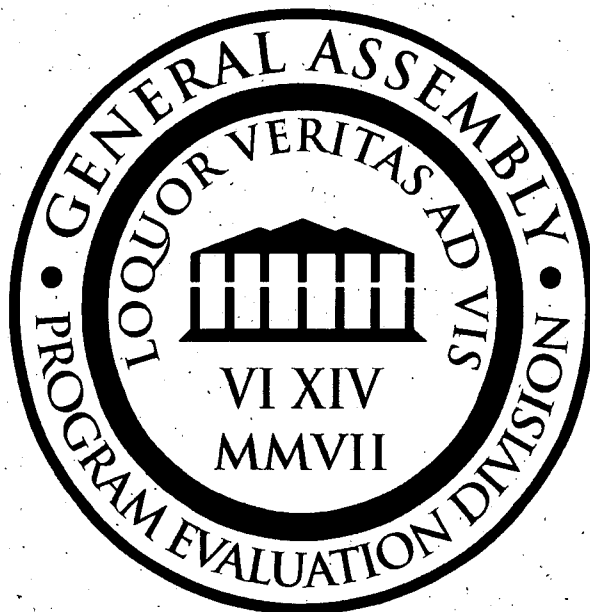


Carol H. Ripple

[carol.ripple@ncleg.net](mailto:carol.ripple@ncleg.net)





**Child Nutrition Programs Challenged to Meet  
Nutrition Standards, Maintain Participation, and  
Remain Solvent**



**Final Report to the Joint Legislative  
Program Evaluation Oversight Committee**

**Report Number 2011-06**

**October 12, 2011**

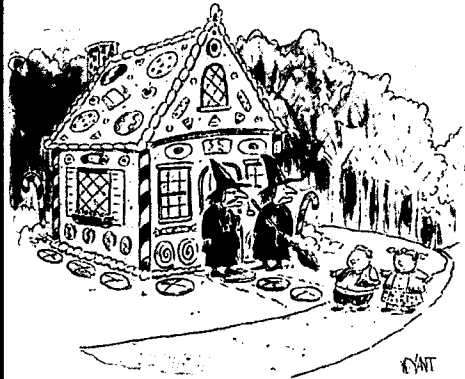



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

### Fresh and Local Food in Communities


House Select Committee on Childhood Obesity  
December 8, 2011

Alice Ammerman, DrPH, RD  
Professor, Department of Nutrition,  
Gillings School of Global Public Health, and School of Medicine  
Director, Center for Health Promotion and Disease Prevention  
University of North Carolina at Chapel Hill





Remember when we used to have to fatten the kids up first?

# Thanks!




For all you are doing for child health.

### Making the healthier choice the easier choice

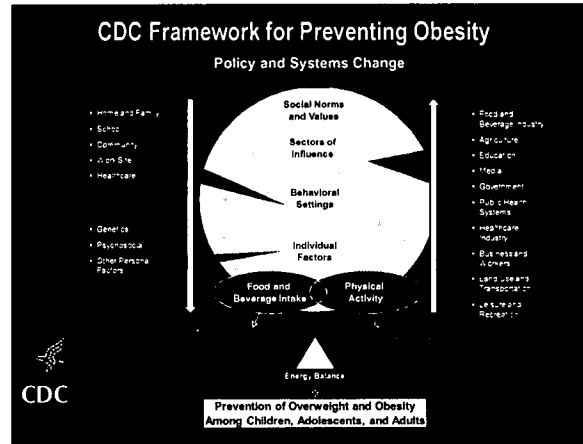



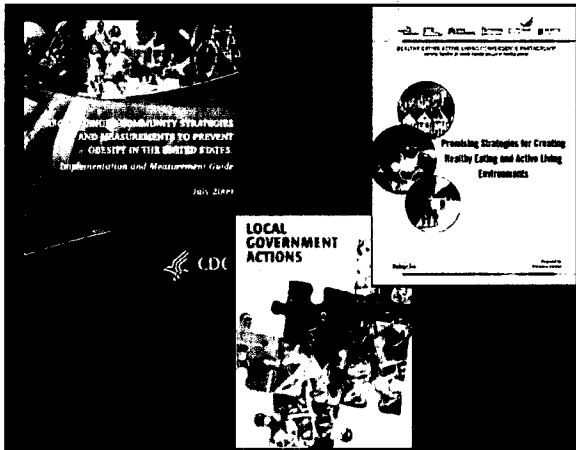
Make it easier on kids AND adults by creating an environment where healthy choices are "automatic."



### What you've heard so far...

- We are facing a severe childhood obesity epidemic in NC and the US
- This leads to debilitating chronic disease in adults and enormous health care costs
- There is no silver bullet or easy fix
- Much can be done with low cost policies to increase opportunities for physical activity and healthy eating
- An ounce of prevention is worth a pound of cure







Healthy local food can be fun

The Kinston-Lenoir County Chamber of Commerce presents...

The 30th Annual  
**BBQ FESTIVAL**  
 on the *House*  
 & WIL KING ROG HAPPENIN'



**May 4 - 7, 2011**




**What do we know about kids, gardens, and farms?**

If they grow it and cook it, they're more likely to eat it.

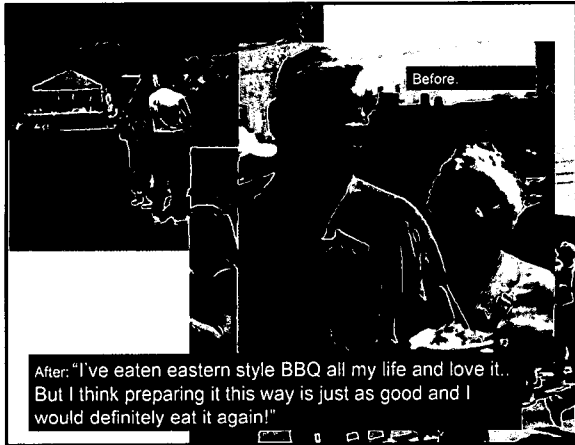
Kids have lost touch with the source of their food and what it takes to produce, harvest, and prepare it.

Growing food teaches science, math, entrepreneurship



There is an explosion of interest in local food in NC – not just in Chapel Hill ☺





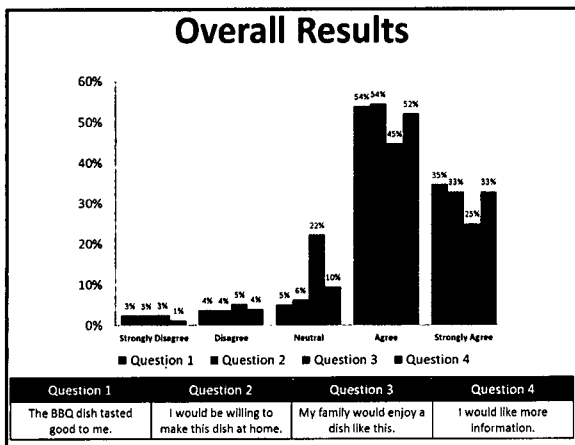
### The economic case for local food

- New opportunities for farmers transitioning out of tobacco
- Jobs in value added processing, distribution, retail
- Supporting the local economy



### But does everybody benefit?

- Research: Farmers Market prices slightly lower than supermarkets statewide
- Local stores can sell local food
- Small stores and small farmers can help each other



**PERFECT PACKS**  
**FRESH WIC**  
**QUICK & EASY FARM FRESH FOOD BUNDLED INTO PERFECT PACKS**  
 No need to weigh produce, guess prices or figure out quantities. Fruits and vegetables priced to match WIC Cash Value Vouchers.  
 Western County  
 www.westerncountymarket.com



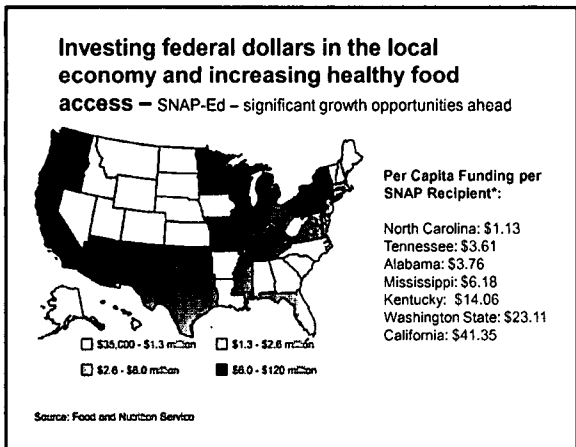
**Sustainable Local Food Advisory Council  
2011 Annual Report**

**Recommendation 13.** Respectfully request that the Governor encourage that the Division of Social Services (DSS) and its SNAP-Ed Advisory Committee work closely with the NC Sustainable Local Food Advisory Council's Health, Wellness, Hunger, and Food Access Subcommittee to consider a statewide coordinated approach to funding that encourages the use of locally produced food by SNAP participants given potential increases in funding available for SNAP-Ed based on state level SNAP participation and high levels of participation in North Carolina.



Creative marketing strategies are key to link obesity prevention with local food systems!

Credit to: Angeline Stuckman  
Aka Aunt Angie: 11/12/13



## **Minutes**

### **House Select Committee on Childhood Obesity**

Thursday December 8, 2011

9:00 a.m.

Room 643, Legislative Office Building

The House Select Committee on Childhood Obesity met on Thursday, December 8, 2011, at 9:15 a.m. in Room 643 of the Legislative Office Building. Representative LaRoque Chairman, Representative Sanderson Chairman, Representatives Brandon, L. Brown, R. Brown, Insko, and Pierce attended.

Representative Sanderson presided. He welcomed the committee and recognized Chairman LaRoque, Sergeant at Arms and staff.

### **Presentations**

#### **S.L.2010-117 (HB 1726), Improve Childcare Nutrition Standards**

Representative Sanderson recognized Alice Lenihan, Branch Head, Nutrition Services Branch, Division of Public Health (DPH). She presented on how DPH is responding to General Assembly obesity Task Force recommendations. Handouts were provided. See attached.

Representative Brandon was recognized by Chairman Sanderson. Representative Brandon asked Ms. Lenihan about the collaboration with our Department of Agriculture and the farm to school program? He was concerned that the schools may not have the equipment to prepare fresh foods. Ms. Lenihan replied that they were not aware of any constraints at this time. They are looking at bringing products such as apples from the western part of the state to the eastern part of the state. The question may be answered best by DPI.

Representative Insko was recognized. She asked Ms. Lenihan if these items in her presentation were recommendations to childcare centers. Ms. Lenihan replied, "Yes." Representative Insko followed up by asking if these child care centers received subsidies. Ms. Lenihan replied, "Yes and I think that the next speaker will be able to answer your questions." Rep. Insko stated that, "I am concerned that if tax payers are paying for (these subsidies, then) we should limit what we will pay for and that we need to change the attitudes of the family and they (will) internalize the values." Ms. Leihan thanked the members for their comments.

Representative Sanderson then asked how many child care programs are enrolled in the program. Ms. Lenihan did not have that information. Representative Sanderson commented that he had been involved with the CDC, federally mandated program, and he said that there is a tremendous amount of paperwork involved and in his own case he has questioned whether or not it is worth the subsidies. He wanted to know if an effort could be made to give the state more control over the program to encourage more participation. Ms. Lenihan offered to have him at one of the trainings. She said that it is a challenge working with the federal program. They have restructured the program and trying to reduce the amount of paper work and they are also doing more outreach.

Representative Sanderson asked Ms. Lenihan if there is any push to create a program teaching children about food labeling in school. She replied that that is a great question; food labeling is a real challenge even for adults. The grocery system is trying to create programs to teach adults about foods, such as the "Start" program. Preschoolers are being taught nutrition on their level, such as gardening. DPI can talk more about schools. There are also books and games that help teach about healthy eating.

Representative Sanderson recognized Jani Kozlowski, Director's Office, Policy Unit Manager, Division of Child Development and Early Education. She presented on updates on the implementation of S.L.2010-117(HB 1726), Improving Childcare Nutrition Activity Standards. Handouts were provided. See attached.

Representative Sanderson recognized Representative R. Brown. She questions that if I send a ham sandwich, bag of chips and an apple, if this would qualify as a nutritious meal. Ms. Kozlowski replied that example would be perfectly fine and meet the standards for child nutrition. The problem was when the parent provided a can of coke, a snowball, and chips for a child's lunch; you can only imagine what that will do to a little 4 year old body. That is why we have the rules in place. The childcare provider is required to supply the other healthy options. The child still can eat the unhealthy food, but the healthy food must be provided. Representative Brown would rather the emphasis be placed on the education rather be pushed into giving and making decisions for the parent.

Representative Sanderson recognized Representative Insko. She agreed with Representative Brown's statement, but liked to point out the training would have to come from tax dollars.

### **School Nutrition Program**

Representative Sanderson recognized Lynn Harvey, Section Chief, Child Nutrition Service, Department of Public Instruction, who updated members on the federally funded school nutrition program, Handouts were provided. See attached.

Representative Sanderson asked the committee for comments or questions.

Representative Sanderson recognized Representative Pierce. He stated that he visited a school cafeteria recently, and was amazed at the amount of food that is wasted on a daily basis. He wanted to know what we could do to prevent waste. Ms. Harvey replied that they too are concerned about food waste. She feels that the amount of time that a child has to eat lunch, and also the meal pattern, contributes to the food waste. They encourage children to choose 3 of the 5 items offered.

Representative Sanderson then recognized Representative Insko. She stated that she is concerned about the pilot program (use of new State nutrition standards) losing \$20 million and that it only included 20 Local Education Agencies (LEAs). She wanted to know if that was a continued pattern of loss, and if there could be a onetime infusion on money that would cover the upfront cost. Ms. Harvey felt that a onetime infusion would not fix the problem, but forcing the LEAs to better keep track of the information would be helpful. Representative Insko followed up with asking if DPI could present a proposal to determine recommendations. Ms. Harvey responded that they do not have a plan yet. They are waiting to see what the new federal guidelines propose. Representative Insko followed up with asking if she was correct in hearing that there are 640,000 children that may be going hungry? Ms. Harvey stated that that was correct information and that the figures were provided by the Dept. of Administration. Representative Insko asked if we have the figures on the amount of kids that are denied lunch because we they do not have the .40 to pay? Ms. Harvey replied that they do not have that number, but they do have the number of students that are denied the free lunch program (@37,000) and that is a local decision. Representative Insko followed up with stating that it may be a local decision, but a State problem. Ms. Harvey said that she would get those figures and agreed that it is a State issue.

Representative Sanderson then recognized Representative Brown. She asked if 53% of kids are eligible for the reduced and free lunch programs. Ms. Harvey responded, "Yes." Representative Brown then asked what year did we start feeding children in the summer and Ms. Harvey responded, "1978." Representative Brown then asked if we had a program where we transported children to schools. Ms. Harvey replied that we transported to school or a community sight. Representative Brown than asked if the program was to pay for the transportation as well. Ms. Harvey replied, "No, we have two programs: one is the "Summer Seamless Option, which is an extension of the federal lunch program. Representative Brown then asked if that only the children who are at the school for a specific purpose are provided transportation. Ms. Harvey said that was correct. Representative Brown followed up saying that she had a concerned citizen who was a food service worker that was concerned about the waste as well as butter buds, which is the only thing that they can season food with. Representative Brown continued saying that she had done research on butter buds and although they say they are all natural it reminds her that margarine if left in the car would not melt or change shape where butter will melt. Representative Brown said that the children did not like the food and did not have time to eat the food. She feels that we could do a better job. Ms. Harvey replied that butter buds are an artificial seasoning that enhances the food and is an artificial seasoning. Representative Brown then asked if many of the same families that receive free and reduced lunches are also on the WIC and Food Stamp

Program. Ms. Harvey replied, "Absolutely." Representative Brown then asked if we were paying for school lunches in the summer time, free breakfast, and free lunch during schools, food stamps, and WIC to the same families, and the food pantries, she doesn't understand how we still have hungry children. She feels there should be more parental responsibility. She feels that if a child is not being feed properly then the child is being neglected. She feels that the resources would be better used by teaching the parent how to manage their household better.

Representative Sanderson recognized Representative Larry Brown. Representative Brown asked about moving the cost of the cafeteria manager to the cost of the Administration, was that done. Ms. Harvey replied, "No."

Representative Sanderson recognized Representative Insko. Representative Insko wanted to point out that the Federal poverty level income is \$22,000 with 2 parents and 2 kids or 1 parent and 3 children. She feels that we would not in the state be able to sustain families of that size. She feels the real answer is to supply jobs. She agreed that we need to work together and teach parents to supply high quality foods on a low budget and it would help to know what the barriers are.

Representative Sanderson recognized Representative Brandon. Representative Brandon asked with the Farm to School program, that with the one farmer under that age of fifty in his district, how can they assure fresh products.

Representative Sanders recognized Representative LaRoque. Representative LaRoque asked if food stamps and WIC could be used to pay for food at school. Ms. Harvey replied that food stamps and WIC were only for food to be prepared at home. Representative LaRoque followed up by asking who sets the price that is charged in the cafeteria. Ms. Harvey replied that each local school board is responsible; however the federal government requires that the food price must increase. Representative LaRoque then asked if the trend was to reduce those cafeteria dollars in the school's budget. Ms. Harvey replied that it was declining as more money needed to be put towards general education. Representative LaRoque asked if there was a way for her to put the data together over the past 20 to 30 years. Ms. Harvey responded that they could do the past 5 years. Representative LaRoque asked if they have estimated the cost of implementing the federal nutrition standards. Ms. Harvey replied that at the time, they estimate \$20 million for all of the elementary schools in the State. Representative LaRoque asked if that would be one time money or continued funding. Ms. Harvey said that it depended upon the amount of students. Representative LaRoque then asked about the equipment cost and Ms. Harvey replied that they did not have the estimate of the cost of the equipment. Representative LaRoque asked what the profit is on the \$125 million of the al la carte that is sold in the school system. Ms. Harvey replied that the profit goes back into the school nutrition program.

Representative Sanderson recognized Carol Ripple, Principle Evaluator, Child Nutrition Study, NCGA Program Evaluation Division, to present the study. See Attached presentation.

Representative Sanderson recognized Representative Insko. Representative Insko said that she was surprised to find that 55% of the schools were charging indirect which is down from 3 years ago at 95%, which had been predicted to go up; she wanted to know if these schools are providing better food choices. Ms. Ripple replied that there is increasing communication between the child nutrition director and the finance officer, which is leading to reduction in indirect costs. They also found that it is very difficult to nail down the problems and the data does not have the impact of the al la carte sales. Some schools also have voluntarily introduced nutrition standards to the al la carte items. Representative Insko was also surprised that DPI does not recommend to do any legislation that would direct what the indirect costs may be. Ms. Harvey replied that if the schools were not financially sound, then they were not allowed to charge indirect cost. Representative Insko feels that we should allow funds to kick in, if the schools reach a certain standard.

Representative Sanderson recognized Representative Pierce. Representative Pierce wanted to know if any thought has been given to privatization of the cafeterias. Ms. Ripple responded that there are four districts that are privatized. Chapel Hill/ Carrboro, Asheboro, Forsyth/ Winston Salem, and Pender are privatized in North Carolina. Representative Pierce then followed up by asking if they were making a profit. Ms. Ripple responded that they found that they are not making more or less. Contract oversight is critical in these schools.

### **Fresh and Local Food in Communities**

Representative Sanderson introduced Alice Ammerman, Director, Center for Health Promotion Disease Prevention, UNC-CH, Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine, UNC-CH, who presented on their programs to increase access to fresh produce in local communities See attached Presentation.

Representative Sanderson recognized Representative Insko. Representative Insko asked why we are getting less money from the SNAP program than any other state. Ms. Ammerman replied it is not the SNAP program, but the SNAP ED and that a lot of the problems have been with matching funds.

Representative Sanderson asked if there are any comments.

Representative Sanderson recognized Representative Brandon. Representative Brandon wants the committee to consider the work and increasing the partnership with the Department of Agriculture.

Representative Sanderson recognized Representative Insko. Representative Insko liked the example that Representative Sanderson uses in his day care.

Representative Sanderson recognized Representative LaRoque want to encourage members to make suggestions for legislation.

Representative Sanderson asked if members of the public would like to comment.

Representative Sanderson recognized Representative Insko. Representative Insko commented that she would like more information on the schools that have made the changes voluntarily to their al la carte items.

Representative Sanderson announced that the next meeting would be on January 12, 2012 at 9:00 a.m. in room 643 of the Legislative Office Building.

The meeting adjourned at 11:48 am.



Representative Norman Sanderson  
Presiding Chair



Lisa Kennedy  
Committee Clerk



Committee Sergeants at Arms

NAME OF COMMITTEE House Select Com. - Childhood Obesity

DATE: 1-12-12

Room: 643

House Sgt-At Arms:

1. Name: Martha Parrish

2. Name: Bill Bass

3. Name: Wayne Davis

Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

Senate Sgt-At Arms:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

VISITOR REGISTRATION SHEET

House Com. Child. OB-

1-12-12

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Lynn Harvey	NC Dept. of Public Instruction
Gary Gay	NC Dept. of Agriculture
Arnette Cowan	NC Division of Public Health
Kimberly Alexander-Bratcher	NC Institute of Medicine
Andrea C. Phillips	NCDHHS/Division of Medical Assistance
Richard C. Reich	NCDA & CS
Joy Hicks	NCDA&CS
TED FOGLEMAN	NCNA & CS
Matt Gross	NCRC
John Derrin	Governor's Office
Kris Horton	DHHS

VISITOR REGISTRATION SHEET

House Com. - Child O.B

1-12-12

Name of Committee

Date

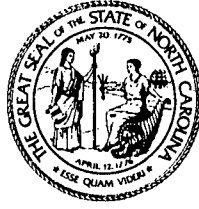
VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Gene Causby	HCSNA
David Woodman	Division of Social Services
Veronica Bryant	" " " "
Steve Woods	SVCFB
Patt Hansen	no partnership facilities
Laurie Stradley	NC Center for Health & Wellness
JUDY MARTINO	NCAA+PERD
Betsy Vetter	American Heart Assn.
Dick Wirta	att
Butch Gunnells	NC Beverage A
Amy McConkey	NC Beverage Assn





## **HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY**

---

### **AGENDA**

January 12, 2012  
9:00 AM, Room 643, Legislative Office Building

### **WELCOME AND INTRODUCTION**

Rep. Stephen LaRoque, Co-Chair  
Rep. Norman Sanderson, Co-Chair

- Eligibility for Food and Nutrition Services (FNS) Benefits
  - David Locklear, Assistant Chief, Economic and Family Services Section, Department of Health and Human Services
- SNAP-Ed
  - Veronica Bryant, SNAP/ED/Outreach Coordinator, Department of Health and Human Services
- North Carolina Farm to School Program
  - Gary Gay, Food Distribution Division, Department of Agriculture and Consumer Services
- National Farm to School Network
  - Laurie Stradley, State Lead for the National Farm to School Network
- North Carolina Sustainable Local Food Advisory Council Recommendations from 2011 Annual Report
  - Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services

### **Committee Discussion**

**NORTH CAROLINA HOUSE OF REPRESENTATIVES  
COMMITTEE MEETING NOTICE  
AND  
2011-2012 SESSION**

You are hereby notified that the Committee on **House Select Committee on Childhood Obesity** will meet as follows:

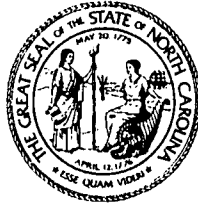
**DAY & DATE:** Thursday, January 12, 2012  
**TIME:** 9:00 am  
**LOCATION:** 643 LOB LOB  
**COMMENTS:**

Respectfully,  
Representative LaRoque, Chair  
Representative Sanderson, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **12 PM** o'clock on **December 20, 2011**.

- Principal Clerk
- Reading Clerk – House Chamber

**Lisa Kennedy** (Committee Assistant)



## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

---

### AGENDA

January 12, 2012  
9:00 AM, Room 643, Legislative Office Building

### WELCOME AND INTRODUCTION

Rep. Stephen LaRoque, Co-Chair  
Rep. Norman Sanderson, Co-Chair

- Eligibility for Food and Nutrition Services (FNS) Benefits
  - David Locklear, Assistant Chief, Economic and Family Services Section, Department of Health and Human Services
- SNAP-Ed
  - Veronica Bryant, SNAP/ED/Outreach Coordinator, Department of Health and Human Services
- North Carolina Farm to School Program
  - Gary Gay, Food Distribution Division, Department of Agriculture and Consumer Services
- National Farm to School Network
  - Laurie Stradley, State Lead for the National Farm to School Network
- North Carolina Sustainable Local Food Advisory Council Recommendations from 2011 Annual Report
  - Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services

### Committee Discussion

# **FOOD AND NUTRITION SERVICES**

**NC Division of Social Services**

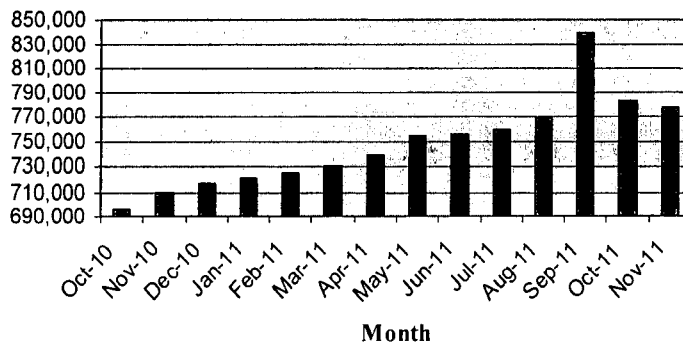
## **General Information**

- Federal Food Assistance program
- Issued via EBT card
- Entitlement program
- Benefits accessed no later than thirty days or seven days for emergency situations

## Food and Nutrition Services Caseload Information

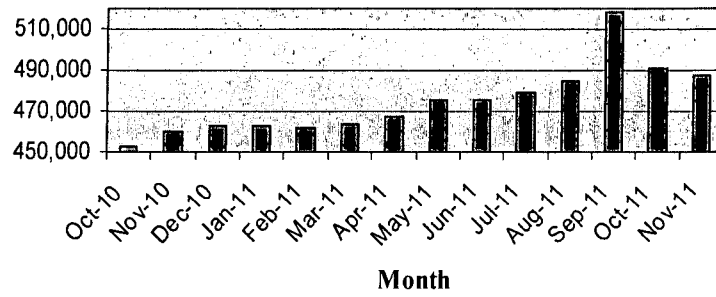
Month	# of Households	# of Individuals in Household	# of Individuals 65 and older	# of Individuals less than 18	# of Children between 5 and 17
Oct-10	695,353	1,523,203	73,071	685,802	452,847
Nov-10	709,139	1,550,400	74,762	695,498	460,035
Dec-10	716,699	1,562,453	76,194	698,622	462,834
Jan-11	720,438	1,565,525	77,005	698,653	462,543
Feb-11	724,950	1,569,708	78,297	697,881	462,140
Mar-11	729,692	1,578,295	79,312	700,379	463,877
Apr-11	738,216	1,594,552	80,501	705,049	467,365
May-11	753,754	1,627,741	82,171	715,856	475,622
Jun-11	754,703	1,626,042	81,988	716,360	475,705
Jul-11	759,646	1,635,284	82,502	719,182	478,750
Aug-11	768,686	1,652,875	83,276	725,874	484,425
Sep-11	839,629	1,808,523	96,928	767,882	518,526
Oct-11	782,658	1,675,471	85,388	732,989	491,259
Nov-11	776,677	1,659,482	85,737	724,958	487,051

### # FNS Households by Month



## # FNS Children Between Ages 5 and 17

Series1



## Eligibility Criteria

- Income
- Household Composition
- Citizenship/Immigration Status
- Resources

## Income

- Households meet an income test based on household size
- NC residents can use an online screening tool called ePASS - <https://epass.nc.gov>.

## Income Guidelines

<u>FNS Size</u>	<u>130% Maximum Gross Income</u>	<u>Maximum Benefit</u>
1	\$1,180	\$200
2	\$1,594	\$367
3	\$2,008	\$526
4	\$2,422	\$668
5	\$2,836	\$793
6	\$3,249	\$952
7	\$3,663	\$1,052
8	\$4,077	\$1,202
Each Add'l Member	(+414)	(+150)

## Household Composition

- Individuals who purchase/prepare food together
- Spouses or individuals representing themselves as husband and wife
- Individuals under age 22 with parent
- Individuals under 18 with parental control adult
- Adults with mutual child

## Citizenship/Immigration

- Must be U. S. Citizen, or
- Have specific immigration status, and
- Must meet all other eligibility requirements

## Resources

- Less than \$2,000
- Less than \$3,000 if age 60 or older or disabled
- Some resources are excluded

## Categorical Eligibility

- Categorically eligible FNSU's are subject to all FNS eligibility requirements with the exception of:
  - resource,
  - gross and net income limits.

## Categorical Eligibility Criteria

- All members authorized to receive Work First Cash Assistance (WFFA), or all members receive a combination of WFFA and Supplemental Security Income (SSI) benefits.
- At least one member is **authorized to receive** service from Work First Employment Services
- All members authorized to receive SSI benefits
- Households income is at or below the 200% maximum allowable gross income limit and the household does not meet one of the criteria above. This is expanded categorical eligibility.

## Rights

- Receive application
- Apply same day of request
- Access benefits within 30 days or 7 days
- Have a hearing if disagree with action



# SNAP-Ed

(Supplemental Nutrition Assistance Program Education)



# SNAP-Ed

- Optional to States under Federal Regulation 7 CFR 272.2
- Participating States submit a State Plan
- 100% Federally Funded





## SNAP-Ed

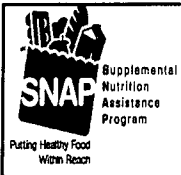
- Healthy, Hunger-Free Kids Act of 2010  
(Public Law 111-296)
- Nutrition Education and Obesity Prevention Grant Program
- Future Guidance: April 2012



## SNAP-Ed

- SNAP-Ed Goal
  - healthy food choices within a limited budget
  - physically active lifestyles
  - Dietary Guidelines for Americans and MyPlate
- SNAP-Ed Focus
  - Eat Fruits and vegetables, whole grains and fat free or low-fat milk products each day
  - Physical Activity
  - Caloric intake
  - Drinking water versus sugary drinks





# SNAP-Ed

- Categories of SNAP-Ed recipients
  - Category 1 : Certified Eligibles
  - Category 2 : Likely Eligibles
  - Category 3 : Potentially Eligible by Site/Location



# SNAP-Ed

- Alice Aycock Poe Center for Health Education
- Durham County Health Department
- NC Cooperative Extension Service – Surry Center
- NC State University
- University of NC @ Chapel Hill
- University of NC @ Greensboro





## SNAP-Ed Advisory Committee

Montreka Dansby – NC A&T State University  
Robin Crowder – University of NC – Chapel Hill  
Earline E. Middleton – Food Bank of Central & Eastern NC  
Carolyn Dunn – NC Cooperative Extension, NCSU  
Lynn Harvey – NC Dept. of Public Instruction  
Audrey Edmisten – NC Division of Aging and Adult Services  
Cathy Thomas – NC Division of Public Health, Physical  
Activity & Nutrition Branch  
Diane Beth - NC Division of Public Health  
Katherine Andrew – Interfaith Food Shuttle  
Lori Walston – Public Affairs, DHHS  
Dean Simpson – Division of Social Services  
Veronica Bryant – Division of Social Services

\*\*\*\*\*

Crushonda Todd – USDA  
Joi Hatch – USDA



## SNAP-Ed Advisory Committee

Primary Goals:

Update/Re-establish the State Nutrition  
Action Coalition

Developing Strategies for SNAP-Ed  
Expansion

SNAP-Ed proposals

Evidence based evaluation tool

Social marketing





## SNAP-Ed Collaboration

NC Farmers' Markets Nutrition Programs  
Integration Pilot Project :

Primary Goal:

- Decrease obesity and chronic disease rates through...
  - Fruit and vegetable consumption
  - Energy dense food consumption
  - Decreasing consumption of sugar-sweetened beverages
- By...
  - Making the healthy choice the easy and affordable choice
- Primarily Through...
  - Farmers' Markets,
  - Convenience Stores,
  - Community Gardens,
  - Farm to Institution,
  - Worksites



## NC DSS Collaboration

NC Farmers' Markets Nutrition Programs  
Integration Pilot Project :

**State-level programs** joined together to integrate program and policy planning, cross-promotions, marketing and nutrition education among three USDA-affiliated programs:

- WIC Farmers' Market Nutrition Program
- Senior Farmers' Market Nutrition Program
- 21st Century Farmers' Market Program





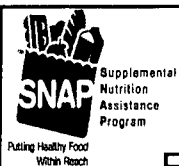
# NC DSS

## Collaboration

### NC Farmers' Markets Nutrition Programs Integration Pilot Project :

#### State Partners:

- **NC Department of Agriculture & Consumer Services**
  - Division of Marketing
- **NC Department of Health & Human Services**
  - Division of Aging
  - Division of Public Health
    - Nutrition Services Branch
    - **Physical Activity & Nutrition Branch**
      - (project lead)
  - Division of Social Services
- **The Leaflight, Inc**
  - Administers the 21<sup>st</sup> Century Farmers Market Program ( SNAP EBT, Debit & credit)



# NC DSS

## Collaboration

### Farmers' Market Pilot Counties

- Columbus (Columbus County Community FM)
- Davidson (Lexington FM)
- Onslow (Onslow County FM)
- Orange (Carrboro FM)
- Rowan (Salisbury FM)
- Watauga (Watauga County FM)
- Yancey (Yancey County FM)





Supplemental  
Nutrition  
Assistance  
Program

Putting Healthy Food  
Within Reach

# ? QUESTIONS ?





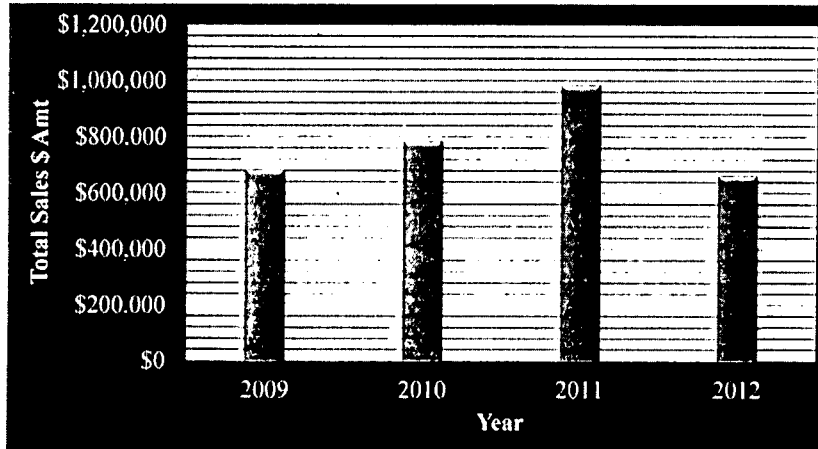
North Carolina Department of Agriculture  
& Consumer Services  
Food Distribution Division  
Gary W. Gay, Director  
Steve Troxler, Commissioner



Fifteen years of providing  
NC public schools with  
NC grown produce



## Total Farm To School Sales 2009 – 2012



## Poundage

In 2010-11:

- NC Farm to School served 943,368 students
- 1,343,275 pounds of NC produce



***NC Farm to School Calendar***  
***School Year***  
***2011-2012***



Week of July 11, 2011	Seedless Watermelons, Cantaloupes, Tomatoes, Grape Tomatoes, Peaches, Sprite Melon, Cucumbers, Zucchini, Yellow Squash, Sweet Corn, Apple Slices
Week of July 25, 2011	Same items as above
Week of August 8, 2011	Same items as above
Week of August 29, 2011	Watermelons, Cantaloupes, Tomatoes, Grape Tomatoes, Peaches
Week of September 12, 2011	Tomatoes, Grape Tomatoes, Apples, Cucumbers
Week of September 26, 2011	Apples
Week of October 10, 2011	Apples
Week of October 24, 2011	Apples, Sweet Potatoes
Week of October 31, 2011	Broccoli Crowns, Cabbage, Romaine



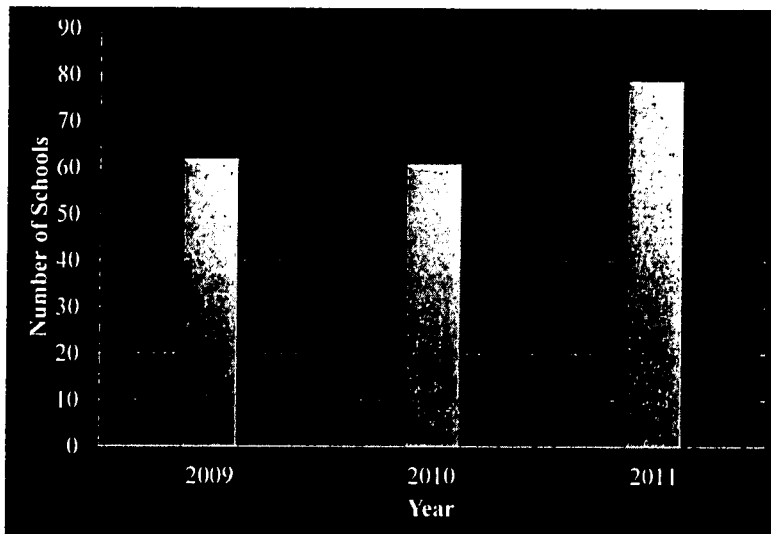
***NC Farm to School Calendar***  
***School Year***  
***2011-2012***



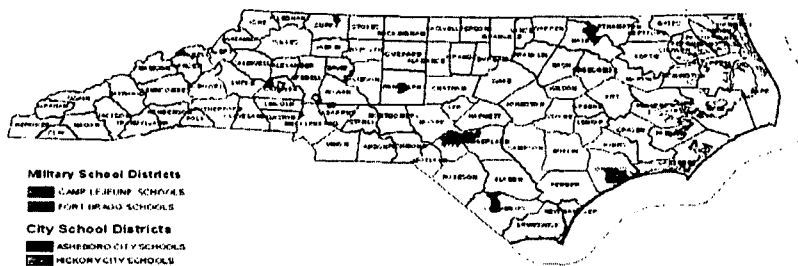
Week of November 14, 2011	Apples, Romaine, Apple Slices, Collards
Week of December 5, 2011	Broccoli Crowns, Cabbage, Apples, Sweet Potatoes
Week of January 9, 2012	Apples, Sweet Potatoes
Week of February 6, 2012	Apple Slices, Sweet Potatoes
Week of March 5, 2012	Apple Slices, Sweet Potatoes
Week of March 19, 2012	Apple Slices
Week of April 16, 2012	Sweet Potatoes
Week of April 30, 2012	Strawberries, Romaine
Week of May 7, 2012	Strawberries, Romaine
Week of May 14, 2012	Squash, Zucchini
Week of May 21, 2012	Strawberries, Blueberries



# School Participation 2009 – 2011



## SCHOOL DISTRICTS PARTICIPATING IN NC FARM TO SCHOOL PROGRAM 2010-11



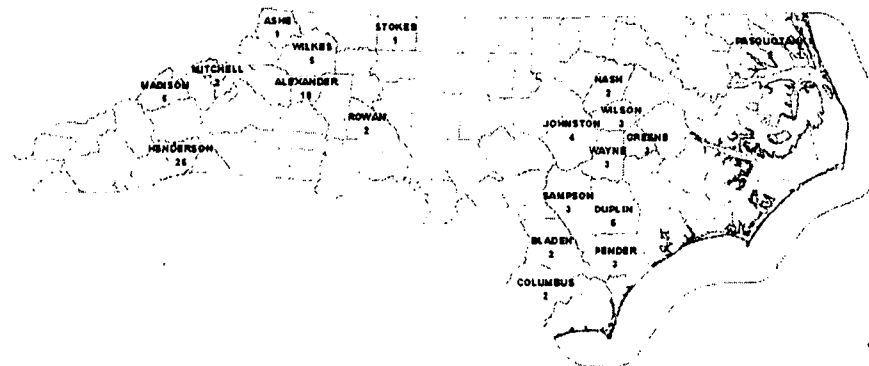


## Barriers

- Lack of walk-in refrigeration space
- Lack of staff/facilities to prepare fresh produce
- No warehouse space
- Transportation/distribution
- Lack of GAP certified farmer
- Cost



## Number of Farms that Benefit from the NC Farm to School Program



NC Farm to School Cooperative Members and Farms They Market for that Supply the NC Farm to School Program

an NC Farm to School Program - Without Internet Explorer

http://www.ncfarmtoschool.org

Home | About Us | History of the Program | Participation | Contact Us

Deliberary Calendar & Download

Calendar of Deliverables  
 Member Assembly Chart  
 Newsletter  
 Photo Album  
 Art Contest Calendar 2011-12  
 Art Contest Calendar

Community & Member Info

Community & Member Info  
 Contact Us  
 Map of Districts & Farms  
 Nutritional Links  
 Product Availability Chart  
 Recipe Links  
 Recipe of the Month  
 Educational Resources  
 Activities And Art  
 Field Trips  
 Labeled Photo  
 Photo Album  
 Promotions & School Incentives  
 NC Farm to School Video  
 Contact Us

Home

About Us

NC Farm to School Video

History of the Program

Participation

Contact Us

Deliberary Calendar & Download

Calendar of Deliverables

Member Assembly Chart

Newsletter

Photo Album

Art Contest Calendar 2011-12

Art Contest Calendar

Community & Member Info

Community & Member Info

Contact Us

Map of Districts & Farms

Nutritional Links

Product Availability Chart

Recipe Links

Recipe of the Month

Educational Resources

Activities And Art

Field Trips

Labeled Photo

Photo Album

Promotions & School Incentives

NC Farm to School Video

Contact Us

http://www.ncfarmtoschool.org

Internet | Protected Mode, Off

1,123

**NC Farm to School**

**NATIONAL FARM TO SCHOOL MONTH**

October has been declared National Farm to School month. According to the National Farm to School Network, this passage of House Resolution 1855 "demonstrates the growing importance and role of Farm to School programs as a means to improve child nutrition, support local economies and educate children about the origins of food."

NCDA&CS has been involved in Farm to School since 1997 and last year sold just under one million dollars worth of produce through the program. Seventy-eight school districts (1,618 schools) were served by the program in 2010-11.

On the website ([www.ncfarmtoschool.org](http://www.ncfarmtoschool.org)) you will find resources to help schools plan Farm to School Month celebrations. There are press releases, a PowerPoint, fact sheet, suggested activities and links to resources and lesson plans.

The NC Farm to School Cooperative, formed by the farmers that supply produce for the program, has contributed prize money for the schools with the best promotion of the program during October. To enter, schools should send pictures or portfolios detailing how they celebrated Farm to School Month. For more details, visit <http://www.ncfarmtoschool.com/home/promotions/contest.htm>. Entries are due by November 15.

**What is NC Farm to School?**

The NC Farm to School program is a partnership between the NC Department of Agriculture and Consumer Services (NCDA&CS) and the Marketing Division.

**Week of October 10 - Apples**  
 Week of October 24 - Apples, Sweet Potatoes  
 Week of October 31 - Broccoli, Corn, Cabbage, Potatoes

NCDA&CS Marketing Division  
 Member Bureau: [member\\_bureau@ncdaandcs.gov](mailto:member_bureau@ncdaandcs.gov)  
 Tommy Flannery, [tommy.flannery@ncdaandcs.gov](mailto:tommy.flannery@ncdaandcs.gov)

NCDA&CS Food Distribution Division  
 Day: [day@ncdaandcs.gov](mailto:day@ncdaandcs.gov)  
 Tel: [9197332222](tel:9197332222)

Sue Trank, Commissioner of Agriculture

NC Department of Agriculture & Consumer Services

[www.ncfarmtoschool.com](http://www.ncfarmtoschool.com)

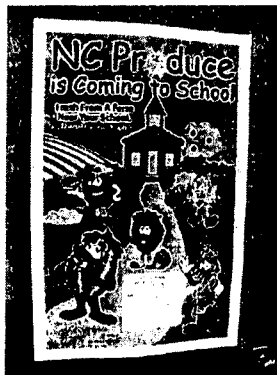


## Cafeteria Staff

- Visit a local farm/Farmer's Market
- Invite a farmer
- Invite a local chef
- Hold a taste testing
- Cooking demonstration




## Cafeteria



- Order from a farm
- Posters, table tents, banners
- Menus
- Bulletin Boards
- Clings
- Commodity Assoc items
- "NC" posters
- Flyer




**get Local school**



**POTATOES in November**

Potatoes grow in the ground, but they are actually part of the stem and the root.

At the store's nearest produce find potatoes that are red, like pink, white, purple or yellow (even as the outside).



## Menus for November 2011

(Insert school system) Elementary Schools



	Monday November 1	Tuesday November 2	Wednesday November 3	Thursday November 4	Friday November 5
Monday November 7	Tuesday November 8	Wednesday November 9	Thursday November 10	Friday November 11	



## OCTOBER IS NORTH CAROLINA FARM TO SCHOOL MONTH!



Camp Lejeune Schools proudly participates in the NC Farm to School Program. Sponsored by the NC Dept. of Agriculture & Consumer Services, this program makes it possible for our students to enjoy *farm-fresh* NC grown fruits and vegetables throughout the year. In October and November, Camp Lejeune students will have the opportunity to sample variety apples from the mountains of western North Carolina as well as fresh broccoli, collard greens, cabbage, sweet potatoes and romaine lettuce.

Ways your family can celebrate North Carolina Farm to School Month:

- Visit a local farm or farmers market. Find one at [www.ncfarmfresh.com](http://www.ncfarmfresh.com)
- Plant some variety lettuce in a container for a fresh and economical gourmet salad. Visit [www.chow.com/how\\_207117\\_grow-lettuce-containers](http://www.chow.com/how_207117_grow-lettuce-containers)
- Join the 10% Campaign! Make the Choice. Make a Difference. Make it Local. [www.ncsu.edu/project/nc10percent](http://www.ncsu.edu/project/nc10percent)
- Prepare a healthy and delicious new fruit or vegetable recipe using NC grown produce. [www.ncagr.gov/markets](http://www.ncagr.gov/markets)

North Carolina Department of Health and Human Services  
 Division of Community Health Services  
 Nutrition Services

2424 South Salisbury Blvd., 2nd Floor, Raleigh, NC 27606  
 Phone: 919.733.7200  
 Fax: 919.733.7200  
 Email: [nutrition@dhhs.nc.gov](mailto:nutrition@dhhs.nc.gov)

**Resources for Schools**

The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts.

**North Carolina Nutrition Education and Training (NET) Program**

The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts.

**North Carolina NET Resource Library**


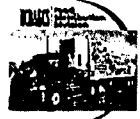
The N.C. NET Resource Library makes available a variety of training and technical assistance to schools and districts. The N.C. NET Resource Library makes available a variety of training and technical assistance to schools and districts. The N.C. NET Resource Library makes available a variety of training and technical assistance to schools and districts.

**North Carolina Healthful Living Standard Course of Study**

The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts.

**North Carolina Action for Healthy Kids**

The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts. The N.C. NET provides a variety of training and technical assistance to schools and districts.

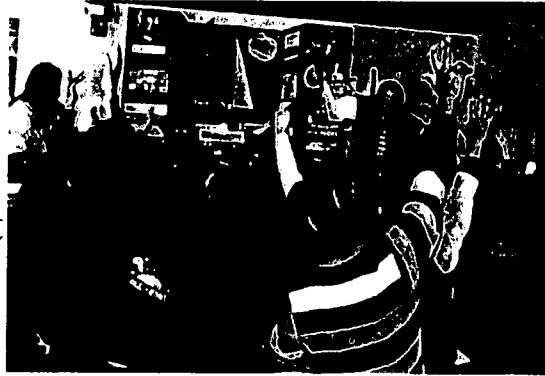
## Classroom

- School Garden
- Taste Testing
- Art Contest
- Farmer/Chef
- Visit farmer/mill/grocery
- Facts into lessons
- Use lessons from commodity assoc.
- Research
- Local contest
- Tour cafeteria
- Pen Pals



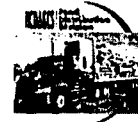
## School

- Nutrition Fair
- Calendar Facts
- Announcement
- Cooking contest



## Community

- Invite local media
- Bring your parent/administrator to lunch
- Newsletter
- PTA/School Board meeting
- "Letter to the Editor"



## **New Initiative**

Schools can use their Federal  
Entitlement Dollars:  
to purchase through the NC  
Farm to School Program



## **In the future we see more:**

Schools participating  
Farm to School Items  
Weeks of delivery



## BCBS Grant of \$1.2 million

\$900,000 to purchase

5 refrigerated 40 to 48 ft trailers

6 trucks

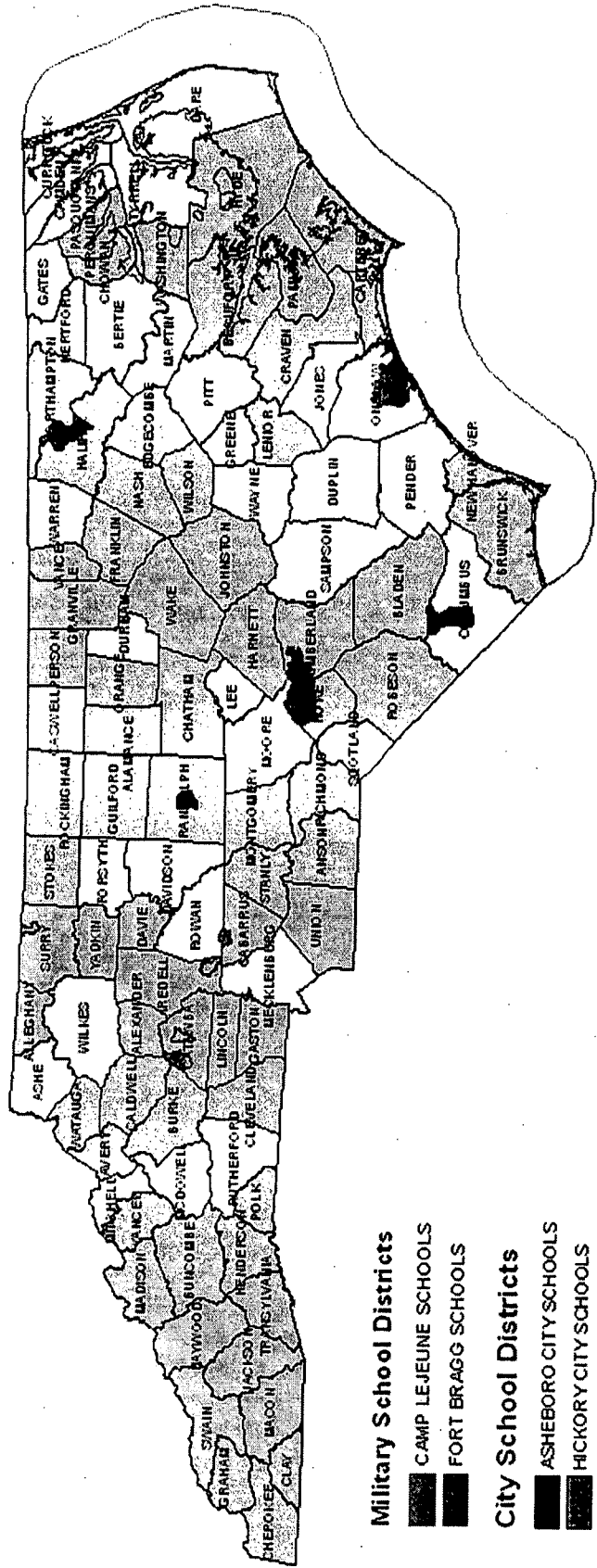
\$300,000 to be used in marketing



## NC Farm to School Calendar School Year 2011-2012

Week of July 11, 2011	Seedless Watermelons, Cantaloupes, Tomatoes, Grape Tomatoes, Peaches, Sprite Melon, Cucumbers, Zucchini, Yellow Squash, Sweet Corn, Apple Slices
Week of July 25, 2011	Same items as above
Week of August 8, 2011	Same items as above
Week of August 29, 2011	Watermelons, Cantaloupes, Tomatoes, Grape Tomatoes, Peaches
Week of September 12, 2011	Tomatoes, Grape Tomatoes, Apples, Cucumbers
Week of September 26, 2011	Apples
Week of October 10, 2011	Apples
Week of October 24, 2011	Apples, Sweet Potatoes
Week of October 31, 2011	Broccoli Crowns, Cabbage, Romaine
Week of November 14, 2011	Apples, Romaine, Apple Slices, Collards
Week of December 5, 2011	Broccoli Crowns, Cabbage, Apples, Sweet Potatoes
Week of January 9, 2012	Apples, Sweet Potatoes
Week of February 6, 2012	Apple Slices, Sweet Potatoes
Week of March 5, 2012	Apple Slices, Sweet Potatoes
Week of March 19, 2012	Apple Slices
Week of April 16, 2012	Sweet Potatoes
Week of April 30, 2012	Strawberries, Romaine
Week of May 7, 2012	Strawberries, Romaine
Week of May 14, 2012	Squash, Zucchini
Week of May 21, 2012	Strawberries, Blueberries










# SCHOOL DISTRICTS PARTICIPATING IN NC FARM TO SCHOOL PROGRAM 2010-11



### Military School Districts

-  CAMP LEJEUNE SCHOOLS
-  FORT BRAGG SCHOOLS

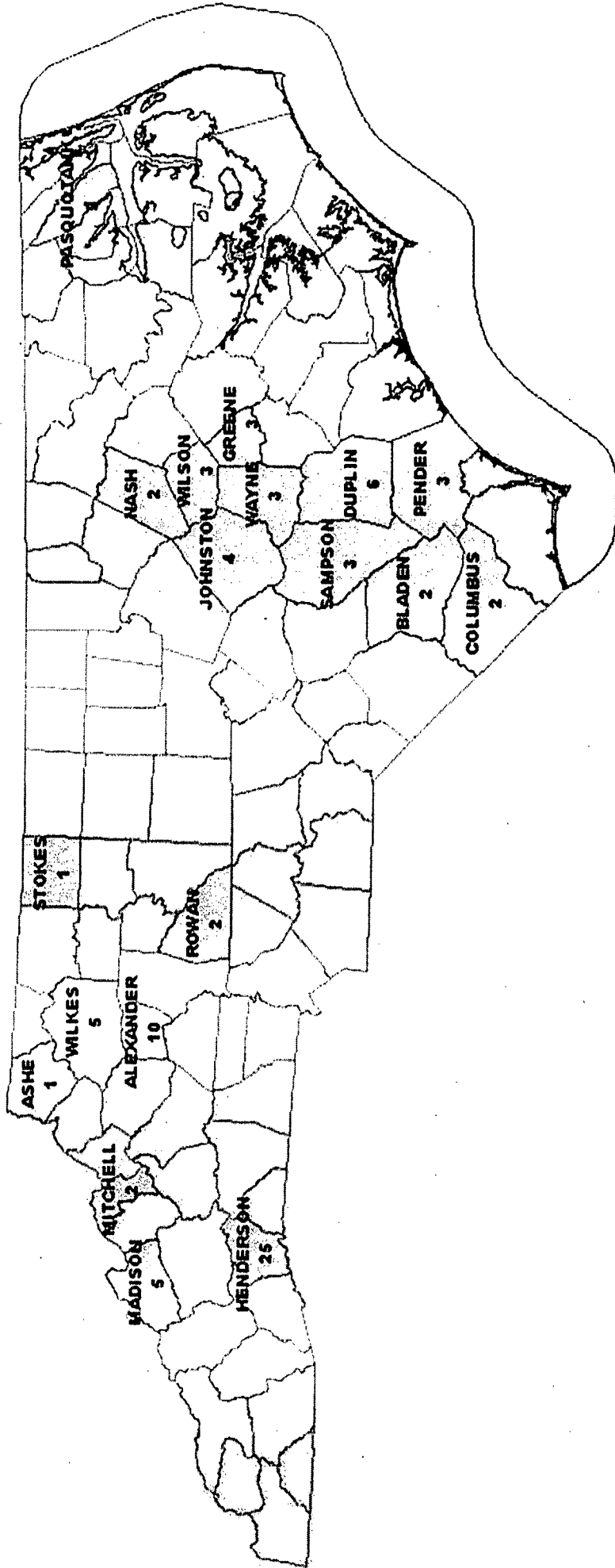
### City School Districts

-  ASHEBORO CITY SCHOOLS
-  HICKORY CITY SCHOOLS
-  KANNAPOLIS CITY SCHOOLS
-  MOORESVILLE CITY SCHOOLS
-  MOUNT AIRY CITY SCHOOLS
-  NEWTON CONOVER CITY SCHOOLS
-  ROANOKE RAPIDS CITY SCHOOLS
-  WELDON CITY SCHOOLS
-  WHITEVILLE CITY SCHOOLS

### County School Districts

- 

# Number of Farms that Benefit from the NC Farm to School Program



NC Farm to School Cooperative Members and Farms They Market for that Supply the NC Farm to School Program

NC Farm To School Participation by County 2007- 2011					
County	2007	2008	2009	2010	2011
Alamance-Burlington Sch System	x	x	x	x	x
Alexander County Schools	x	x	x	x	x
Alleghany County Schools	x	x	x	x	x
Anson County Schools	x	x	x	x	x
Ashe County Schools	x				
Asheboro City Schools	x	x	x	x	x
Asheville City Schools	x	x			
Avery County Schools	x	x	x	x	x
Beaufort County Schools		x			x
Bertie County Schools					
Bladen County Schools		x	x	x	x
Brunswick County Schools	x	x	x	x	x
Buncombe County Schools	x		x		x
Burke County Schools	x		x	x	x
Cabarrus County Schools	x		x	x	x
Caldwell County Schools					x
Camden County Schools					
Camp Lejeune Dependent Schools	x	x	x	x	x
Carteret County Schools	x				x
Caswell County Schools					
Catawba County Schools		x			x
Chapel Hill/Carrboro City Schools		x		x	
Charlotte/Mecklenburg Schools					
Chatham County Schools	x	x	x	x	x
Cherokee County Schools	x	x	x	x	x
Clay County Schools	x				x
Cleveland County Schools					x
Clinton City Schools					
Columbus County Schools					
Craven County Schools	x	x	x	x	x
Cumberland County Schools		x	x	x	x
Currituck County Schools		x			
Dare County Schools	x				
Davidson County Schools	x				
Davie County Schools	x	x	x	x	x
Duplin County Schools					
Durham Public Schools					
Edenton-Chowan Schools	x	x	x	x	x
Edgecombe County Schools			x		x
Elizabeth City-Pasquotank Sch					
Elkin City Schools					
Fort Bragg Dependents School	x	x	x	x	x

NC Farm To School Participation by County 2007- 2011					
County	2007	2008	2009	2010	2011
Franklin County Schools	x	x	x	x	x
Gaston County Schools	x	x	x	x	x
Gates County Schools	x				
Graham County Schools	x	x	x	x	x
Granville County Schools		x			x
Greene County Schools			x	x	
Guilford County Schools	x	x	x	x	x
Halifax County Schools		x	x	x	x
Harnett County Schools	x	x	x	x	x
Haywood County Schools			x	x	x
Henderson Co Public Schools	x	x	x	x	x
Hertford County Schools	x	x	x	x	
Hickory Public Schools	x	x	x	x	x
Hoke County Schools	x	x	x	x	x
Hyde County Schools	x				x
Iredell-Statesville Schools		x			x
Jackson County Schools	x	x		x	x
Johnston County Schools	x	x	x	x	x
Jones County Schools					
Kannapolis City Schools	x	x	x	x	x
Lee County Schools	x			x	
Lenoir County Schools		x		x	x
Lexington City Schools		x			
Lincoln County Schools	x				x
Macon County Schools				x	x
Madison County Schools	x	x	x	x	x
Martin County Schools	x	x			
Mcdowell County Schools					
Mitchell County Schools		x			
Montgomery County Schools	x	x	x	x	x
Moore County Schools		x			
Mooresville Graded Schools	x	x	x	x	x
Mount Airy City Schools	x	x	x		x
Nash-Rocky Mount Sch System	x	x	x	x	x
New Hanover County Schools	x	x	x	x	x
Newton-Conover City Schools	x	x	x	x	x
Northampton County Schools	x	x	x	x	x
Onslow County Schools					
Orange County Schools			x		x
Pamlico County Schools	x	x	x	x	x
Pender County Schools					
Perquimans County Schools	x	x	x	x	x

<b>NC Farm To School Participation by County 2007- 2011</b>					
<b>County</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Person County Schools	x	x	x	x	x
Pitt County Schools					
Polk County Schools			x		x
Randolph County Schools	x	x	x	x	x
Richmond County Schools			x	x	x
Roanoke Rapids Graded School Dist	x	x	x	x	x
Robeson County Schools	x				x
Rockingham County Schools	x	x	x	x	x
Rowan-Salisbury Schools	x	x	x		
Rutherford County Schools					
Sampson County Schools					
Scotland County Schools					
Secure Co/Op Greene Co Schools					
Stanly County Schools	x	x	x	x	x
Stokes County Schools	x	x	x	x	x
Surry County Schools	x	x	x	x	x
Swain County Schools	x	x			x
The Learning Center, Inc.					x
Thomasville City Schools	x	x	x	x	
Transylvania County Schools					x
Tyrrell County Schools	x	x			
Union County Public Schools	x	x	x	x	x
Vance County Schools	x	x	x	x	x
Wake County Public Sch System	x	x	x	x	x
Warren County Schools					
Washington County Schools					x
Watauga County Schools	x	x	x		x
Wayne County Schools					
Weldon City Schools					x
Whiteville City Schools	x				x
Wilkes County Schools	x	x			
Wilson County Schools				x	x
Winston Salem/Forsyth Co Sch					
Yadkin County Schools	x	x	x	x	x
Yancey County Schools	x		x	x	x
<b>Totals</b>	<b>70</b>	<b>68</b>	<b>62</b>	<b>61</b>	<b>79</b>

**North Carolina's  
Food and Nutrition Services  
Nutrition Education Projects**

<b>Project #</b>	<b>Program Name</b>	<b>Geographic Area</b>	<b>Target Audience:</b>	<b>Lead Agency</b>
I	<b>Bits and Bites Café- Healthy Families &amp; Healthy Kids</b>	Surry County	Elementary students, Parents/Caregivers, Senior Citizens	<b>North Carolina Cooperative Extension Service - Surry Center</b>
II	<b>Steps to Health</b>	Alexander, Alleghany, Bertie, Bladen, Buncombe, Cabarrus, Caldwell, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Craven, Cumberland, Dare, Davidson, Duplin, Gates, Greene, Guilford, Henderson, Hertford, Hoke, Hyde, Jackson, Johnston, Jones, Lenior, Lincoln, McDowell, Madison, Martin, Mitchell, Montgomery, Northampton, Pasquotank, Perquimans, Person, Randolph, Robeson, Rutherford, Sampson, Scotland, Stanly, Stokes, Tyrrell, Wake, Watauga, Wilson, Yadkin (52)	Pre-K, Kindergarten, 2 <sup>nd</sup> and 3 <sup>rd</sup> grade, High School students, and older adults in congregate nutrition sites.	<b>North Carolina State University</b>
III	<b>Nutrition Education For New North Carolinians</b>	Guilford, Lee	Certified Households in Guilford County, K-5 students, & adults	<b>University of North Carolina @ Greensboro</b>
IV	<b>POE Nutrition and Physical Activity Program</b>	Alamance, Beaufort, Chatham, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Granville, Greene, Halifax, Harnett, Johnston, Lee, Lenoir, Mecklenburg, Moore, Nash, New Hanover, Orange, Person, Sampson, Vance, Wake, Wayne, Wilson (27)	Grades K – 12 Students	<b>Alice Aycock Poe Center for Health Education in Raleigh, NC</b>
V	<b>DINE for LIFE</b> Durham Innovative Nutrition Education for Lasting Improvements in Fitness and Eating	Durham County	Certified Households, elementary and middle school students, families, older adults, & homeless	<b>Durham County Health Department</b>
VI	<b>The Quick CHEF</b> (Cost-efficient, Healthy, Easy Food) Program	Warren County	Certified Households and their children	<b>University of North Carolina @ Chapel Hill / CHPDP</b>

.....  
Households **CAN** use SNAP benefits to buy:

- Foods for the household to eat, such as:
  - breads and cereals;
  - fruits and vegetables;
  - meats, fish and poultry; and
  - dairy products.
- Seeds and plants which produce food for the household to eat.

Households **CANNOT** use SNAP benefits to buy:

- Beer, wine, liquor, cigarettes or tobacco;
- Any nonfood items, such as:
  - pet foods;
  - soaps, paper products; and
  - household supplies.
- Vitamins and medicines.
- Food that will be eaten in the store.
- Hot foods.

#### **Energy Drinks**

When considering the eligibility of energy drinks, and other branded products, the primary determinant is the type of product label chosen by the manufacturer to conform to Food and Drug Administration (FDA) guidelines:

- Energy drinks that have a nutrition facts label are eligible foods
- Energy drinks that have a supplement facts label are classified by the FDA as supplements, and are therefore not eligible

#### **Live Animals**

Live animals may not be purchased with SNAP benefits.

#### **Pumpkins, Holiday Gift Baskets, and Special Occasion Cakes**

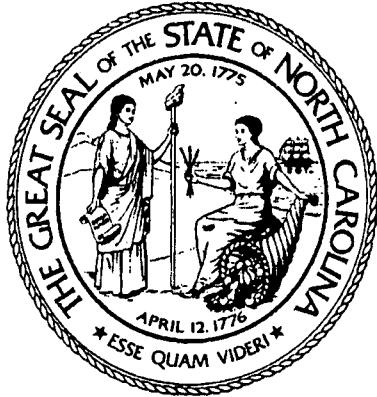
Pumpkins are edible and eligible for purchase with SNAP benefits. However, inedible gourds and pumpkins that are used solely for ornamental purposes are not eligible items.

Gift baskets that contain both food and non-food items, are not eligible for purchase with SNAP benefits if the value of the non-food items exceeds 50 percent of the purchase price.

Items such as birthday and other special occasion cakes are eligible for purchase with SNAP benefits as long as the value of non-edible decorations does not exceed 50 percent of the purchase price of the cake.




The law provides State agencies with some policy options. For example a State may facilitate program design goals such as removing or reducing barriers to access for low-income families and individuals, providing better support for those working or looking for work, or providing an exception to the prohibition on eligibility of former drug felons.

Shawn P. Parker, JD, MPA  
Staff Attorney, Senior Legislative Analyst  
Research Division-North Carolina General Assembly  
545 Legislative Office Building  
300 North Salisbury Street  
Raleigh, North Carolina 27603-5925  
(919) 733-2570 (919) 733-5100 (919) 733-5101



**North Carolina House  
Select Committee on  
Childhood Obesity**  
*Focus on Farm to School*

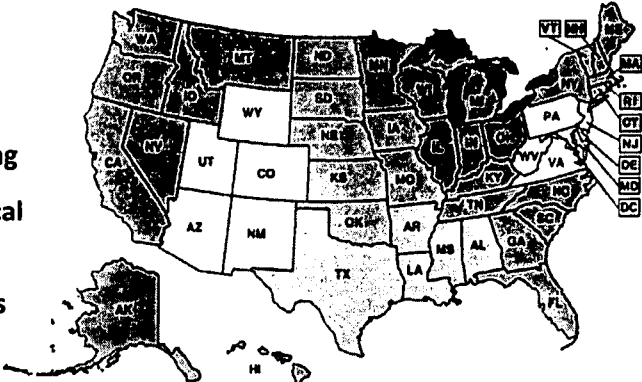
Laurie Stradley  
North Carolina State Lead;  
National Farm to School Network  
NC Center for Health & Wellness at  
UNC Asheville



## National Farm to School Network

**AREAS OF WORK**

- Policy
- Networking
- Media and Marketing
- Training and Technical Assistance
- Information Services



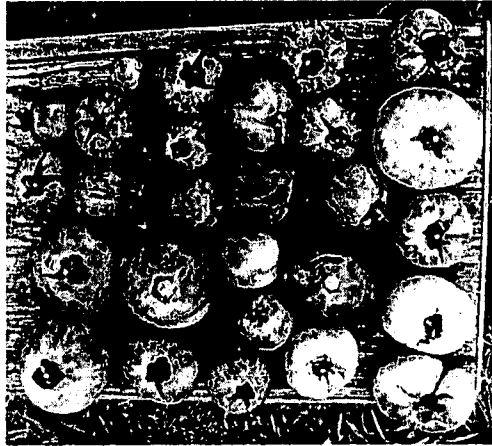
**WHO WE ARE**

- Eight Regional Lead Agencies
- Four National Staff
- 50 State Leads



## Why Buy Local?

1. Eat fresher, better tasting food grown for taste rather than ability to travel.
2. Enjoy seasonal produce and regional varieties.
3. Support your farming neighbors.
4. Sustain rural heritage and lifestyles.
5. Protect natural beauty and open spaces by preserving farmland.



6. Encourage sustainable farming practices, benefiting human, animal, and environmental health.
7. Strengthen local economies and keep your food dollars close to home.
8. Maintain and build local food systems so we can feed ourselves in the future.
9. Keep farming skills alive, and farmland available.
10. Get to know who grew your food and where, so you reconnect with it, and your community.

## Farm to School

*Cultivating mutually beneficial relationships between farms and schools that create dynamic, wellness-focused learning environments for our children and provide markets for our local farmers*



## FARM TO SCHOOL ADDRESSES CHILDHOOD OBESITY

- Provides access to fresh, healthy food for ALL children
- Helps children associate positive experiences with healthy food
- Re-connects children (and their families) to where their food is grown and by whom



## Components of Farm to School

- Local Food in Schools
- Farm Field Trips/Farmer visits to school
- Nutrition Education/Cooking in School
- School Gardens



### POSITIVE FOOD ENVIRONMENTS

Setting up our schools and communities so that the healthy choice is the easy choice for our children



Research has demonstrated links between the built environment and health outcomes such as childhood obesity, injury and asthma (Ewing et al., 2003; Levy et al., 2004; Ewing et al., 2006).

## Educational Components of Farm to School School Gardens

Great outdoor classrooms  
and children will eat what  
they grow



## Educational Components of Farm to School Farm-Based Nutrition Education



We find that  
cooking not only  
resonates with  
children but families  
as well!

Children that prepare  
the food will eat the  
food!



## Educational Components of Farm to School Farm field trips

Meeting the  
farmer that  
grows the food

We heard some cows go moo.  
I had never been that close to  
one when they say moo!  
- Sean, 2<sup>nd</sup> grader

Experiencing the  
place where the  
food is grown



## NCA Farm to School Program

An effective strategy



From recommendations from the Robert Wood Johnson Foundation to the CDC, farm to school is an effective strategy to prevent and/or combat childhood obesity. We have one of the most lauded state farm to school programs in the country and one of only three states that has the infrastructure (trucks and warehouses) for farm to school distribution).

## Farm to School Pilot Program in Madison County Parent Comments

My son was so excited about cooking and eating new things in class. Since then he tries more types of food.

My non-vegetable eating child came home saying he loved kale!

He tried new things that without having tasted them at school he probably wouldn't have had the opportunity

My daughter enjoyed these projects and bragged about eating fresh veggies at the farm. She tried more raw veggies at home after the farm trip.

I think its great for children to learn where food comes from, especially since this county once produced a large number of crops and families grew their own food.

Keep serving local grown products for lunches.

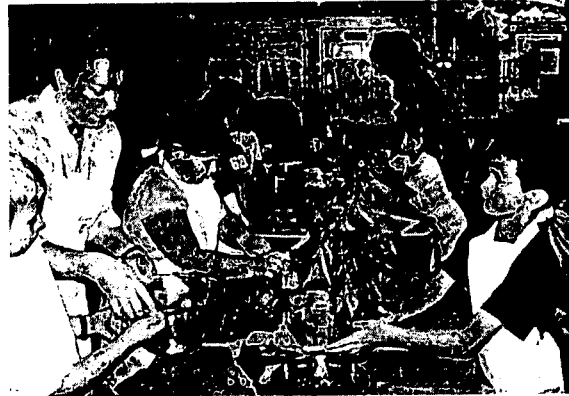


**What needs to happen  
in North Carolina?**

### **RECOMMENDATION**

#### **Farm to school fund**

School systems could apply for funds to purchase food from local farmers/NCDA Farm to School program or to purchase kitchen equipment that would make preparation of fresh, local foods easier.



### **RECOMMENDATIONS**

#### **Continued efforts for Statewide Coordination**

- 1) increase the educational components of farm to school; 2) compile information for farmers interested in selling to school systems;**
- 3) encourage more school systems to participate in NCDA program;**
- 4) increase awareness of USDA Fresh Fruit and Vegetable Program (and ability to utilize locally grown food)**



**RECOMMENDATIONS**

**Procurement**

Standardize the small purchase threshold for Child Nutrition.  
This would make it easier for school systems to buy from local farmers (and save time, which is money!).



**RECOMMENDATIONS**

**Farm to School or Preschool**

Provide farm to school programming to Head Start centers

**It Is Never Too Early**

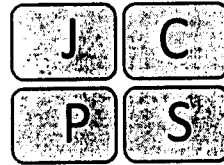
- By age 3, many children develop dislike for vegetables and are reluctant to eat or taste them (Niklas et al., 2001)
- Preference for vegetables in preschool children is a strong predictor of vegetable consumption (Birch, 1979; Harvey-Berino, et al. 1997; Morris & Zidenberg-Cherr, 2002).



**RECOMMENDATIONS**

**Farm to School**

Expand this pilot to other UNC system teacher and dietetic programs



**Jackson County  
Public Schools**

**Pre-service teacher/dietitian training and implementation**

Partnership between Western Carolina University, Jackson County Public Schools and Appalachian Sustainable Agriculture Project



## Other Effective Community Strategies

Ability to accept EBT  
(Electronic Benefits  
Transfer or electronic food  
stamps) at farmers  
markets

(ASAP's Asheville City Market  
Accepts EBT, credit and debit  
Also offers Kids Corner Market –  
healthy food activities for children)



**Farm to Hospital**  
Locally grown food served  
in hospitals but also CSA  
drops, farmers markets,  
cooking classes



**Farm to Head Start**  
Starting young means you  
have a greater chance of  
establishing healthy behaviors  
and attitudes




**Provide workplace  
wellness experiences for  
child nutrition staffs –  
farm field trips and CSAs!**  
**Modeling is important!**



## Healthy Fundraisers

Sell Seeds or Plants





**get LOCAL** APPALACHIAN GROWN LOCAL FOOD basket

Join farmers and cooks in celebrating this month's featured, local food.

Eat here and enjoy fresh foods that reflect our region's changing, seasonal harvest.

strawberries  
summer squash/june  
july beans  
tomatoes/august  
september apples  
greens  
winter squash


Find local food and farms: [www.e1apconnection.org](http://www.e1apconnection.org)

**GET LOCAL**  
**Harvest of the**  
**Month promotional**  
**campaign for**  
**schools, hospitals**  
**and restaurants**

**LOCAL FOOD GUIDE... FOR KIDS!**


Appalachian Sustainable Agriculture Project

**LOCAL FOOD GUIDE**  
FOR KIDS



TARGET MARKETS • CSA's • U-PICK FARMS • GROCERS  
 APPLE GROWERS • DAIRY FARMS • FARMS TO VISIT • B&B's

Farm field trips, farm-based nutrition education, local food in schools, school gardens



## Questions?



**Laurie Stradley**  
NC Center for Health and Wellness  
NC State Lead, National Farm to School Network  
828-258-7711  
lstradle@unca.edu

**NC Sustainable Local Food  
Advisory Council**

House Select Committee on  
Childhood Obesity

January 12, 2012

# **Who We Are: Statutory Purpose**

**NC G.S. 106-830: Advisory Council**

**August 2009**

***...Contribute to Building a  
Local Food Economy...***

# **Statutory Duties**

---

- Consider Programmatic Issues and Develop Policies
  - Health & Wellness, Hunger & Food Access, Economic Development, and Preservation of Farmlands & Water Resources
  - “Any ... program and policy issues the Council considers pertinent.”
- Annual Report
  - Findings and Recommendations
  - Any Legislative Proposals
  - Proposals for Administrative Action

# **NC SLFAC Membership**

---

## **27 Members:**

- Commissioner of Agriculture
- State Health Director
- Secretary of Commerce
- 6 farmers and 1 commercial fisherman
- Representatives of NGOs, Agencies

# Definitions

---

## **Sustainable food.**

An integrated system of plant and animal production practices that do all of the following:

- a. Satisfy human food and fiber needs.
- b. Enhance environmental quality and the natural resource base upon which the agriculture economy depends.
- c. Sustain the economic viability of farm operations.
- d. Enhance the quality of life for farmers and the society as a whole.

## **Local food.**

Food grown within the borders of North Carolina.

# **Working Structure**

---

## **3 Subcommittees:**

- Economic Development & Infrastructure
- Health, Wellness, Hunger & Food Access
- Land, People & Natural Resources

# **2010 Recommendations**

---

1. **Modify Municipal Annexation**
2. **Fund ADFP for Military Support**
3. **NC Farm Transition Network Support**
4. **Fund the NC SLFAC**
5. **Establish Liaison to NC Ag Task Force**
6. **Support Farm-to-School**
7. **Expand SNAP-ED**
8. **Support EBT and WIC Programs**

# **2011 Recommendations**

---

1. Extend Sunset Date
2. Fund Permanent Staff Position
3. **Consumer Survey for Local Food**
4. Listening Sessions
5. Increase Institutional Purchasing
6. Land Condemnation Protection
7. **School Garden BMPs**
8. **Increased funding for School Cafeterias**
9. **Increase local food purchases with SNAP**

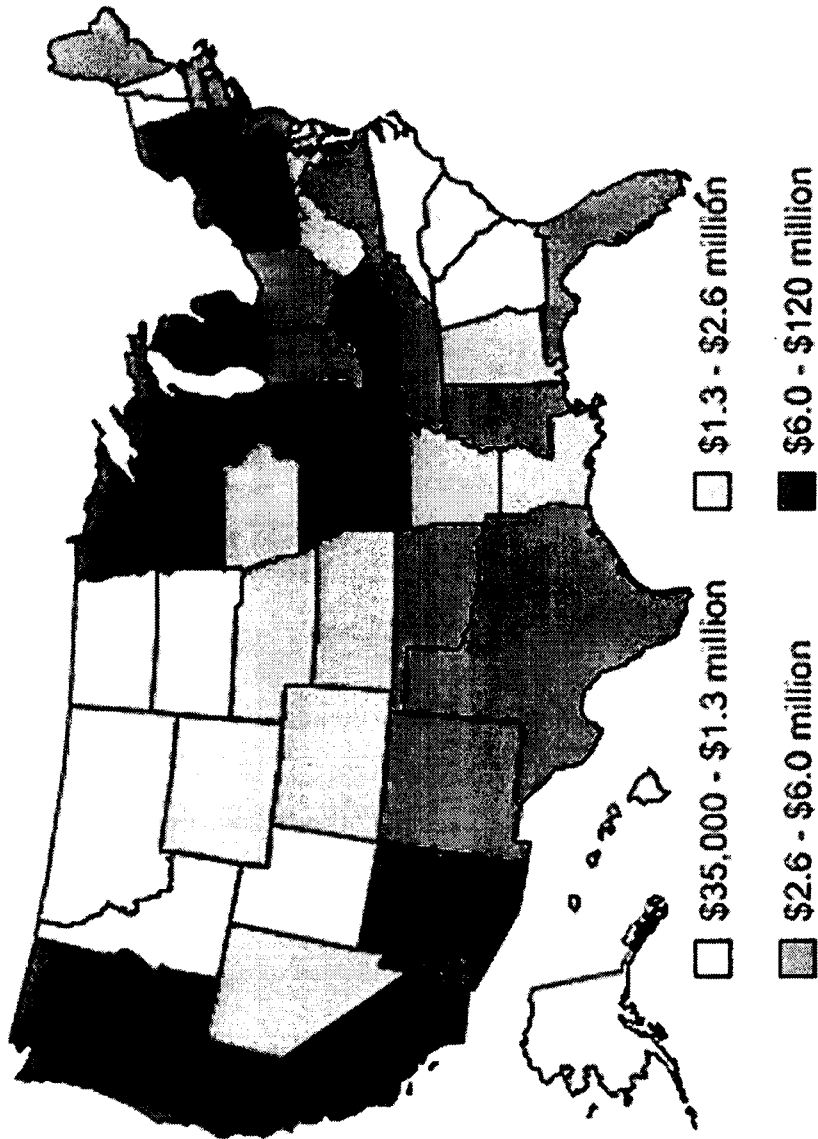
# **Continued Studies**

---

1. **Whole Farm GAP Certification**
2. **On-Farm Meat Processing**
3. **Small Niche Market Processors**
4. **Waste Management for On-Farm Processing:  
Meat & Produce**
5. **Understanding Regulatory Oversight**
6. **Improving Local Seafood Sales**

# Investing federal dollars in the local economy and increasing healthy food access

— SNAP-Ed – significant growth opportunities ahead



## Per Capita Funding per SNAP Recipient\*:

North Carolina: \$1.13

Tennessee: \$3.61

Alabama: \$3.76

Mississippi: \$6.18

Kentucky: \$14.06

Washington State: \$23.11

California: \$41.35

Source: Food and Nutrition Service

# **NC Sustainable Local Food Advisory Council**

---

<http://www.ncagr.gov/localfood/>

**Joy Hicks**  
**Policy Development Analyst**  
**NCDA&CS**  
**(919)707-3012**  
**Joy.Hicks@ncagr.gov**

## **Minutes**

### **House Select Committee on Childhood Obesity**

Thursday, January 12, 2012

9:00 a.m.

Room 643, Legislative Office Building

The House Select Committee on Childhood Obesity met on Thursday, January 12, 2011, at 9:25 a.m. in Room 643 of the Legislative Office Building. Representative LaRoque Chairman, Representative Sanderson Chairman, Representatives Brandon, L. Brown, R. Brown, Insko, McGrady, and Pierce attended.

Representative LaRoque presided. He welcomed the committee and recognized Chairman Sanderson, Sergeant at Arms and staff.

Representative LaRoque asked for a motion to accept the minutes as amended. The members voted to accept the minutes as amended.

## **Presentations**

### **Eligibility for Food and Nutrition Services (FNS) Benefits**

Representative LaRoque recognized David Locklear, Assistant Chief, Economic and Family Services Section, Department of Health and Human Services. Mr. Locklear explained the eligibility criteria for the Federal Food Assistance program. Handouts were provided. See attached.

Rep. Pierce was recognized and asked if people with felony drug convictions are eligible for benefits. Mr. Locklear stated that some one with a felony drug conviction is not eligible unless they go through a drug treatment program.

Rep. Insko was recognized and concurred that felony drug convictions can get food stamps if they go through treatment programs.

Rep. Sanderson was recognized and asked how citizenship and income are verified. Mr. Locklear stated that they are verified by legal documentation and by check stubs.

Rep. LaRoque asked if a child who is 22 and living with their parents and purchased and prepared food separately, would they be eligible for food stamps. Mr. Locklear answered that they could, if they can prove that they are preparing and purchasing food separately on a separate qualifying income.

Rep. Brown was recognized and asked if the \$2.4 billion was all federally funded. Mr. Locklear answered yes. Rep. Brown then asked if the State gives money to the program. Mr. Locklear was not sure of the number but can provided it later.

Rep. Brown followed up with asking if the illegal immigrant's children who are legal, if they are eligible for food stamps. Mr. Locklear replied that the children are eligible.

### **SNAP-Ed**

Representative LaRoque recognized Veronica Bryant, SNAP/ED/Outreach Coordinator, who explained what the Supplemental Nutrition Assistance Program-Education program Handouts were provided. See attached.

Rep. Insko was recognized and asked how many farmers' markets in NC accept EBT cards. Ms. Bryant replied that they do not have that information through the farmers' market integrations pilot programs. The Leaflight, Inc. program has helped broaden the EBT program in the farmers' markets. Rep. Insko wanted to know how they are educating the parents on purchasing healthier foods. Ms. Bryant said that they have been trying to target the parents through DSS. Rep. Insko wanted to know if they can limit what the EBT card holders can purchase, such as soft drinks. Ms. Bryant told her that the federal government tells the card holder what they can and can not purchase and as a State we cannot. It is enforced by the USDA and then by the local grocer.

Rep. Brown was recognized and asked if SNAP ED was an education program solely and did they provide any funds? Ms. Bryant replied that they go to schools and senior centers, to provide information. Rep. Brown wanted to know how to determine where to go with out overlaying and duplicating efforts with so many programs out there. Ms. Bryant replied that they are in contact with what the other agencies are doing. WIC is one program that SNAP ED has to be careful with overlapping purposes and populations.

Rep. LaRoque asked how a farmers market could participate in SNAP or SNAP-ED. Ms. Bryant stated that they should contact the USDA.

### **North Carolina Farm to School Program/NC Department of Agriculture and Consumer Services**

Representative LaRoque recognized Gary Gay, Food Distribution Division., Department of Agriculture and Consumer Services, to give the State perspective on the Farm-to-School program. See Attached presentation.

Rep. Brandon was recognized and asked about local school's capacity and equipment to prepare the raw foods. Mr. Gay replied that it is a problem and comes down to funding. Rep. Brandon is concerned with the GAP certification that is required to be part if the farm to school program. He wanted to know if GAP certification is absolutely necessary and if so, is there any way to make it easier for the famers to participate. Mr. Gay stated that the requirements for GAP comes from the schools and the customers

have asked for it. However, they have asked for the process to be easier and cheaper. Rep. Brandon wanted to know if we could use the university system to aid the farmers in this process.

Rep. Brown was recognized and she wanted to know if Heather Barnes who does the marketing has to be invited or if she can just show up. Mr. Gay said that she is invited. Rep. Brown wanted to know how the entitlement dollars are spent. Mr. Gay said that the schools have now been putting aside the federal entitlement dollars to spend on the farm fresh foods. Not all schools do participate. Rep. Brown wanted to know why Davie County had participated and why they have stopped. Mr. Gay stated that during that time there was a director change. Rep. Brown wanted to may the farmers aware of the program.

Rep. Sanderson was recognized and stated that the current program had 19 items. Mr. Gay stated that was correct and they are trying to grow and want to make sure that they keep the customer service up. They are growing slowly. Rep. Sanderson wanted to know if they could use the program to entice farmers to continue to grow. Mr. Gay said that it could absolutely be used as a tool down the road.

Rep. LaRoque asked how the GAP certification works. Mr. Gay stated that if a farmer grows 3 items then the farmer has to be GAP certified in all 3 items. Rep. LaRoque wanted to know if the cost was \$1500/ per year. Mr. Gay stated that was correct. \$1,500.00 per year per crop certification.

Rep. Brandon was not aware of the cost and wanted to know if there is a way to bring down the cost for the GAP certification? Mr. Gay was not really sure.

Rep. Sanderson agrees that the GAP cost is a major barrier for farmers.

### **Appalachian Sustainable Agriculture Project**

Representative LaRoque introduced Laurie Stradley, State Lead for the National Farm to School Program. Ms. Stradley provided the history and various components of the National Farm to School program and gave examples of the components being implemented in North Carolina. See attached Presentation.

Rep Sanderson was recognized and asked how the \$1,500.00 for GAP certification is being used. Ms. Stradley replied that she does not know. There are a few nonprofits that help defer the cost. Rep. Sanderson would like to see farm to military. Ms. Stradley thinks it is a great idea.

Joy Hicks, Policy Development, NC Dept. of Agriculture and Consumer Services, was recognized to answer where the money goes. She stated that funds are used to help with water and food safety and that there are programs that will help defer the cost.

Rep. LaRoque wanted to know about healthy fundraisers and if there are any schools participating in these. Ms. Stradley said that she would get that information to the committee.

Rep. Brown wanted to know if schools are allowed to have and maintain gardens. Ms. Stradley said yes, but they are only allowed to use the food in the classroom and not in the cafeteria lines.

Rep. Brandon felt the school board limits the healthier fundraisers. He also said the families can prepare food for the afterschool programs in the kitchen in the classroom. Ms. Stradley said that it would be a great pilot program.

Rep. McGrady was recognized and he felt the summer camps expanded nutrition because they were able to grow and pick the foods themselves. Ms. Stradley agreed.

### **North Carolina Sustainable Local Food Advisory Council Recommendations from 2011 Annual Report**

Representative LaRoque introduced Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services to discuss the work of the NC Sustainable and Local Food Advisory Council. See attached presentation.

Rep. Brandon was recognized and stated that he felt that technology could be more effectively used to increase sustainability by helping people to understand how it works and to let people know where they can purchase items.

Rep. LaRoque wanted to know how the funding for SNAP is put together. Ms. Hicks did not know and deferred to Ms. Bryant. Ms. Bryant stated the USDA decides based on participation rate of SNAP ED. They are working to increase participation.

Rep. LaRoque wanted to know if we have local seafood going to the schools. Ms. Hicks was not sure and deferred to Mr. Gay. He is not aware of any schools purchasing seafood.

Rep. LaRoque asked committee members and members of the public for recommendations.

Rep. Brandon feels that we need to look at the cafeteria issues and the GAP Certification problems.

Rep. Brown would like to make recommendations later.

Betsy Vetter, American Heart Association, recommended to push H503 through the Senate. She also would recommend and mandate physical activity everyday with a possible task force to study it.

Kimberly Alexander Blackman, with the Institute of Medicine, said that she would like to provide recommendations to the committee base on research they are conducting on Early Childhood Obesity.

Lynn Harvey, DPI, Would like to see the funding increase so they can continue education and providing healthy meals.

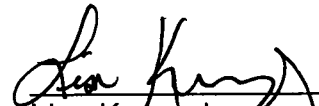
Laurie Stradley, National Farm to School Program, would like to see the Committee be joint with House and Senate both participaiting.

Rep. McGrady would also like additional time to review for legislation recommendations.

Representative LaRoque announced that a committee notice will go out in regards to the next meeting.

The meeting adjourned at 11:50 am.

  
\_\_\_\_\_  
Representative Stephen LaRoque  
Presiding Chair

  
\_\_\_\_\_  
Lisa Kennedy  
Committee Clerk



# **GAP & GHP**

**Good Agricultural Practices &  
Good Handling Practices  
Audit Verification Program**

**Food Safety and Sanitation for  
Growers, Packers & Shippers of  
Fresh Fruits & Vegetables**



▪ **A voluntary, audit-based program that verifies conformity to generally recognized good agricultural practices and good handling practices as based on established scientific principles: Food & Drug Administration's (FDA) guidance document entitled Guide to Minimize Microbial Food Safety Hazards for Fresh Fruits & Vegetables Published in October 1988.**

▪ **Because it is voluntary, the audit is only performed at the request of the auditee.**



**NAGIAS - Marketing Division**  
**Grading Services**  
**Food Safety Audit**  
**Verification Program**



North Carolina Department of Agriculture & Consumer Services  
 Cooperative Grading Service  
 P.O. Box 588 Williamston, NC 27882  
[www.officialgrade.usda.gov](http://www.officialgrade.usda.gov)  
 (252) 792-1672 phone (252) 92-4784 fax

**REQUEST FOR AUDIT SERVICES**

AUDITEE INFORMATION		FARM/FACILITY INFORMATION	
Company Name:	Address:	Commodities:	# of Acres:
City, State & Zip:			
GPS Coordinates:			
Phone#:			
Fax#:			
Email Address:			
Contact Person:			

To download a copy of the USDA GAP/ GHP Audit Checklist visit the USDA website at [www.ams.gov/gap/gap1p](http://www.ams.gov/gap/gap1p)

Type of Audit: ( ) Request ( ) Close at least one ( ) Scope ( ) OTG/ GAP/ GHP Audit Requested:

( ) Good Agricultural Practices & Good Handling Practices ( ) Part 1 - Farm Review  
 ( ) GAP/ GHP - Selected Audit Scopes ( ) Part 2 - Field Harvesting & Field Packing Activities  
 ( ) Harmonized Food Safety Standard ( ) Part 3 - House Packing Facility  
 ( ) Tomato Audit Protocol (TOAP) ( ) Part 4 - Storage & Transportation  
 ( ) Leafy Greens Audit (LGA) ( ) Part 6 - Wholesale Distribution Center/Terminal  
 ( ) Meat/Presentation Audit (MP) ( ) Part 7 - Food Defense

**DATE:** preferred to have the audit:

Once the request form has been received we will file you an agenda outlining the objectives, audit criteria, personnel required, affirmed date, time schedule, and estimated cost of the audit. If the date on the agenda needs to be changed, we will need to be informed as soon as possible. We charge the USDA rate of \$2.00 per hour which includes travel, time on site, and audit preparation time. As per USDA requirements, we charge an additional \$5000 fee for website maintenance and certification. There is a \$1500 USDA fee for all Harmonized Food Safety Audits and requires signature of a Subway Audit Release Form. If we are unable to schedule a Participatory Agreement on file that is given by a company official. The agreement allows the auditor to view your records, access the facility, and allows to run that is needed to be your facility if it operates > 30 days. We would like to have the request no later than 2 weeks prior to the end of your season. The commodity has to be in the market before we can perform Part 2, Part 3, or 4, employees in the working field of packing facility to verify that policies and procedures are being followed.

Signature \_\_\_\_\_

DATE \_\_\_\_\_

Ronald D. Johnson Jr.  
 252-792-1672  
[RonnieJohnson@ncagr.gov](mailto:RonnieJohnson@ncagr.gov)

Brooke Stapleton  
 252-217-7846  
[Brooke.Stapleton@ncagr.gov](mailto:Brooke.Stapleton@ncagr.gov)

Wayne B Grant  
 252-792-1672  
[Wayne.BGrant@ncagr.gov](mailto:Wayne.BGrant@ncagr.gov)

# GAP & GHP

- The program does not guarantee the product is free from microbial contamination, but verifies the participant has taken proactive measures to reduce the risk of contamination by adhering to generally recognized best practices. The responsibility for product safety rests with the operation producing and handling the fresh product.



NEBAGCS - Marketing Division  
**Grading Services**  
Food Safety Institute  
Washington, D.C.

# Participation Agreement

- Must be signed by auditee prior to audit
- Allow permission for auditor enter facility and access records.
- Ensures confidentiality
- Notifies auditee that there will be an unannounced audit to follow to verify procedures are still being followed if in operation more than 30 days.



## Good Agricultural Practices (GAP)

- Farm Review
- Field Harvesting/Field Packing Activities

## Good Handling Practices (GHP)

- House Packing Facility
- Storage & Transportation
- Wholesale Distribution/Terminal Warehouse



NCDA&CS - Marketing Division  
**Grading Services**  
Food Safety Audit  
Verification Program

# **USDA Audit Scopes**

- **General Questions**

*(All audits must begin with and pass this portion)*

- **Pt. 1 Farm Review**
- **Pt. 2 Field Harvest and Field Packing**
- **Pt. 3 House Packing Facility**
- **Pt. 4 Storage and Transportation**
- **Pt. 6 Wholesale Distribution Center/  
Terminal Warehouses**
- **Pt. 7 Food Security**

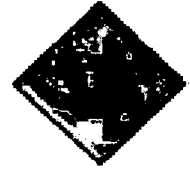
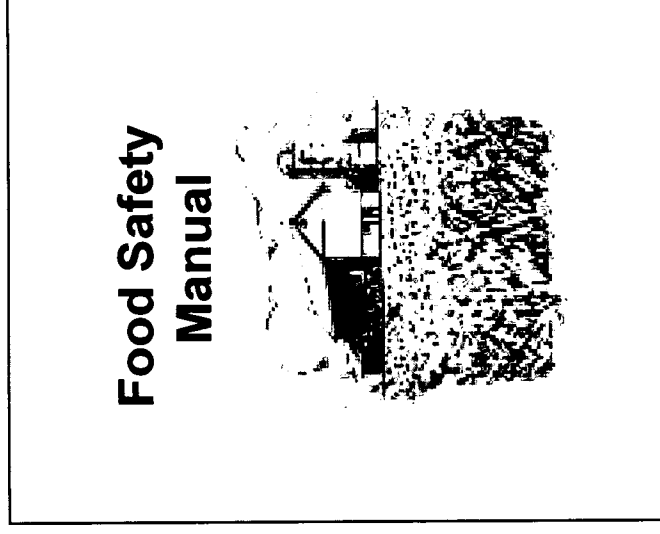
(Pt. 7 Does not require General Questions)



**NCDAGS - Marketing Division**  
**Grading Services**  
Food Safety Audit  
Verification Program

**Must have implemented a food safety program**  
**Must have a designated person (s) to oversee implementation of program**  
**An online tool to assist with the development of food safety plans**

**[www.onfarmfoodsafety.org](http://www.onfarmfoodsafety.org)**



**NCDAACS - Marketing Division**  
**Grading Services**  
**Food Safety Audit**  
**Verification Program**

## **AUTOMATIC "UNSATISFACTORY" CONDITIONS**

- Answering NO to G-1 and/or G-2.
  - Not having a documented food safety program.
  - Having no one to oversee the food safety program.
- Falsification of Records
  - Ex: Having temperature logs filled out ahead of time.*
- The presence or evidence of rodents, an excessive amount of insects or other pests during packing, processing or storage.
  - Ex: Evidence of infestation of rodents, birds or other mammal type pests or feces from various pests or animals in the production or storage area.*
- Observation of employee practices (Personal or hygienic) that jeopardize or may jeopardize the safety of the produce.
  - Ex: Employee not washing hands after using the restroom, disposing of used toilet paper on the floor or into containers in the toilet room, putting eaten or partially eaten product back into the product flow zone, spitting on produce or into produce flow zone.*
- An immediate food safety risk is present when produce is grown, processed, packed or held under conditions that promote or cause the produce to become contaminated.
  - Ex: Non-potable water used in the product washing process, leaky sewer pipes in the production or storage area.*



NEBAGCS - Marketing Division  
**Grading Services**  
Food Safety Audit  
Verification Program

# USDA Website

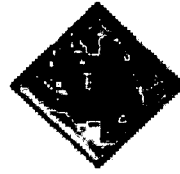
<http://www.ams.usda.gov/gapghp>

## **Audit Standards and Checklists**

- USDA GAP & GHP Checklist
- Produce Gaps Harmonized Food Safety Standard & Checklist
- Tomato Audit Protocol for the Fresh Tomato Supply Chain & Checklist
- Food Safety Standards for Fresh Mushrooms & Checklist
- California LGMA
- Arizona LGMA

## **List of Participating Companies arranged:**

- By State
- By Commodity



**NDMARS - Marketing Division**  
**Grading Services**  
**Food Safety Audit**  
**Verification Program**

# NC on the USDA Website

## www.ams.usda.gov/gapghp

Sign In

Tools

### USDA Agricultural Marketing Service GAP/GHP Audit Verification Program North Carolina

The following table shows companies that have been audited by the USDA Agricultural Marketing Service, Fruit and Vegetable Programs for the audit type, audit scopes, and commodities listed below and have successfully demonstrated an acceptable level of adherence to the audit standard being audited. The audit results are valid for one (1) year from the date shown, and may be validated through the use of unannounced audit(s) throughout the growing/packing season. Blank copies of all audit checklists used by USDA licensed auditors are available on the USDA website at [www.ams.usda.gov/gapghp](http://www.ams.usda.gov/gapghp).

Company	Address	City, State	Audit Type Conducted	Scope(s) of Audit Conducted	Date Audit Conducted	Commodities Covered by Audit
<b>January 2011</b>						
J. Roland Wood Farms, Inc.	2500 Beasley Rd.	Benson, NC	USDA GAP&GHP Audit	House Packing Facility, Storage and Transportation	January 25, 2011	Sweet Potatoes
Lee Farms	2775 Hockaday Rd.	Four Oaks, NC	USDA GAP&GHP Audit	House Packing Facility, Storage and Transportation	January 16, 2011	Sweet Potatoes
<b>February 2011</b>						
Paterson Repack, Inc.	3050 Millbridge Rd.	China Grove, NC	USDA GAP&GHP Audit	Wholesale Distribution Center/Warehouse	February 13, 2011	Tomatoes for Repack
Wayne E. Bailey Produce Co.	490 Old Us Hwy 74	Chadbourn, NC	USDA GAP&GHP Audit	House Packing Facility, Storage and Transportation	February 16, 2011	Sweet Potatoes
<b>April 2011</b>						
Jerome Langdon Produce	7756 NC 50 N	Angler, NC	USDA GAP&GHP Audit	House Packing Facility, Storage and Transportation	April 13, 2011	Sweet Potatoes
Kenneth Floyd Jr., Farms LLC	5043 Stone Rd.	Fairmont, NC	USDA GAP&GHP Audit	Farm Review, Field Harvesting & Field Packing Activities, House Packing Facility	April 19, 2011	Strawberries
P & S Farms, Inc./Bo's Berry Patch	903 Ashpole Church Rd.	Rowland, NC	USDA GAP&GHP Audit	Farm Review, Field Harvesting & Field Packing Activities, House Packing Facility	April 19, 2011	Strawberries
Powers Strawberries and Farm Market, Inc.	711 Barker Church Rd.	Lumberton, NC	USDA GAP&GHP Audit	Farm Review, Field Harvesting & Field Packing Activities, House Packing Facility	April 18, 2011	Strawberries
Premier Produce, LLC	5517 Hwy 58 S	Wilson, NC	USDA GAP&GHP Audit	Farm Review, Field Harvesting & Field Packing Activities	April 26, 2011	Strawberries
Waccamaw River Farm & Nursery	6351 Kingtown Rd. NW	Ash, NC	USDA GAP&GHP Audit	Farm Review, Field Harvesting & Field Packing Activities	April 13, 2011	Strawberries
<b>May 2011</b>						

# Example of Certificate (Certification is good for one year)

## United States Department of Agriculture



This is to verify that **The Ponderosa Produce Co;** Washington, DC  
has successfully passed the initial elements of the voluntary

*USDA Audit Program for*

### **GOOD AGRICULTURAL PRACTICES & GOOD HANDLING PRACTICES**

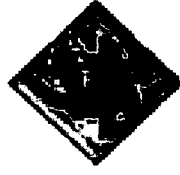
To verify continued adherence to the program, please visit <http://www.ams.usda.gov/gapghp>

**Tomatoes, Peppers & Eggplant- Farm Review, Field Harvesting & Field Packing Activities, House Packing Facility,  
Storage & Transportation, Traceback, and Preventative Food Defense Procedures.**

Chief, Fresh Products Branch

**March 2009**

- **Currently there are approximately 70 USDA GAP/GHP Certified Growers/Packers/Shippers in the state.**
- **We have conducted USDA GAP/GHP audits at more than 100 facilities across the state.**



**NCDACS - Marketing Division**  
**Grading Services**  
**Food Safety Audit**  
**Verification Program**

- **Range in size from 0.5 acres to >3000 acres**
  - **Approximately 30 have < 100 acres**
  - **Approximately 15 have < 20 acres**
  - **Approximately 14 have < 10 acres**
  - **Approximately 8 have < 5 acres**
  - **Approximately 3 have < 1 acre**



**NCDACS - Marketing Division**  
**Grading Services**  
Food Safety & Inspections  
Inspection Program

- The cost of the audit is based on the USDA rate of \$92/hr.
- Includes: time on site, travel time, pre and post audit preparatory time.
- On average, the cost of an audit is between \$700-\$800 depending on the scope of the audit/acreage, etc.



**NCBAGS - Marketing Division**  
**Grading Services**  
Food Safety Audit  
Performance Program

# GRANT FUNDS

## **Water Analysis Cost Share Program**

Offers growers up to \$200 credit towards the cost of water testing on irrigation and well water. Water used in the packing operation.

List of available laboratories in North Carolina that perform generic e.coli testing with a quantitative result may be found at this website

[www.ncmarketready.org/index.php](http://www.ncmarketready.org/index.php)

Contact Kevin Hardison 919-733-7887 or  
[kevin.hardison@ncagr.gov](mailto:kevin.hardison@ncagr.gov)

# **GRANT FUNDS**

## **N.C. Good Agricultural Practices Certification Assistance Program**

- Grant funding has not been approved for 2012 as of yet.
- Companies requesting audit services will be notified of any funds that may become available.



**NCMA&CS - Marketing Division**  
**Grading Services**  
**Food Safety Audit**  
**Verification Program**



# QUESTIONS?

Comments to House Select Committee on Childhood Obesity  
Heather Barnes, NC Department of Agriculture and Consumer Services  
February 15, 2012

I am a Marketing Specialist with the NC Department of Agriculture and Consumer Services. In this role I work with strawberries, organics, greenhouse vegetables and Farm to School. With the commodities (strawberries, organics, greenhouse vegetables) I work with the associations but also with individual farms to develop marketing plans and materials to promote consumption of these crops grown in North Carolina.

In order to participate in the NC Farm to School program, a farm must have a GAP (Good Agricultural Practices) third party audit. I work with strawberry growers, and there are six in the state that participate, ranging from 1 acre to 100 acres. This shows that a small farm can get certification.

Ten years ago becoming GAP certified was a marketing tool. Now it is a necessity to sell to certain markets. Retail (grocery stores) was the first market to push for certification. We are now seeing the foodservice industry, including restaurant chains, wanting growers to be certified.

The requirement to be GAP certified is customer driven. A farmer chooses to get certification and which crops to certify. Not all markets require GAP; farmer's markets, CSAs (Community Supported Agriculture), roadside stands, pick-your-own, and local restaurants do not require certification. This is a cost of doing business. Customers are asking for GAP certification because of liability concerns.

The USDA audit conducted by NCSA is not the only GAP audit farmers can get. There are a number of other audits including Primus, AIB and SCS. The customer may specify which audit it wants a farmer to have and different customers may request different audits based on their needs. There is the development of a whole farm audit for small farmers in the works, but if the customers won't accept it, then it will not work for farmers. This goes back to liability; produce coming from a farm of any size had the potential to make people sick. There is no guarantee that any produce is completely safe.

The Food Modernization Act was passed in January, 2011, and is still being implemented. The goal of this act is to decrease the risk of foodborne illness. When this act is fully implemented, it could change the playing field.

NCSA&CS does have cost share money available to offset the cost of GAP certification. Farmers getting an audit for the first time will be eligible for \$600 and any farm that is renewing a certification will be eligible for \$300. The new applications are being prepared but will be available on the website, <http://www.ncagr.gov/markets/NCgradesvc/index.htm>

We no longer have cost share funds for water testing, but water testing is still required when seeking GAP certification. Funding for this cost share ran out.

Response to questions:

NCDA&CS does not dictate how produce must be prepared in order to be available through the program. The Department does not set rules on what the schools can use. We sell apples and apple slices but selling in either manner is at the discretion of the growers.

Strawberries are not washed in the field because after being field packed they are cooled down. This is a standard practice. If the berries were wet, they would begin to rot and could develop mold. They are washed before being served.

The USDA GAP audit can be tailored to meet an individual farm's production system. If there are questions on the audit that do not relate to the production system, the farmer is given an "N/A" and the question does not count for or against them. This allows the audit to work for a conventional farm, a transitional farm, and an organic farm. It also works for farms with ½ acre or farms with over 10,000 acres. It is used by farmers growing crops in the field or in greenhouses. For example, in the Farm Review section (part 1), there are several questions related to manure (hog, chicken, cattle or other livestock). If a farmer does not use manure to fertilize fields, those questions receive an "N/A". Instead of that section of the audit being worth 190 points, it is now worth 120 points, because those questions do not help or hurt the grower. If the questions do not relate to the operation the grower does not automatically get those points.

Facility	Commodity	Scope	Acres	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002
All Fresh Produce	f & v	6			X	X	X							
Apple Hill Orchards	apples	1,2	150			X	X							
Apple Wedge	apples	3,4	150				X	X		X				
B & B	sweet potatoes	3,4			X	X	X							
Bailey Farms	peppers	1,4									X	X	X	X
Burch Farms	sweet potatoes	3,4	2600			X	X	X						
Burch Farms	greens	4					X							
CL Henderson	apples, pepper	1,2,3,4	520			X		X	X					
Carter Farms	carrots	1	200		X	X								
Chase Pkg	berries	3,4,6			X	X								
Clay Strickland	sweet potatoes	3,4	2500			X	X	X	X	X	X	X		
Cold Mountain	pepper, cux	1,2	10		X		X							
Coning (TN)	tomatoes	1,2	80		X	X								
Cottle Farms	berries	3,4	150		X	X								
Cottle Straw. Nursery	melons	3,4			X	X								
Deal Orchards	apples	1,2,3	100		X	X	X	X						
DL & B	pepper, eggplant	1,2,3,4	100		X	X	X	X	X	X	X	X	X	X
Farm Pak/Barnes	sweet potatoes	3,4							X	X	X	X		
Flavor 1st	melons	3,4,6				X	X	X	X	X	X	X		
Fresh-Pik Produce	berries, melons	1,2	60		X	X	X	X	X	X	X			
George Wood Farms	potatoes	1,2	2500		X	X								
Godwin Produce	sweet potatoes	3,4			X	X								
Ham Produce	sweet potatoes	3,4							X		X		X	
J. Roland Wood	sweet potatoes	3,4			X			X						
JW Johnson	tomatoes	3	200		X	X	X							
Jackson Farming	berries, melons	3,4	700		X	X	X	X	X	X	X	X		
Kings Greenhouse	tomatoes	3	10		X	X	X	X						
Lee Farms	sweet potatoes	3,4		X	X	X	X	X			X			
Lewis Nursery	strawberries	1,2,4	100				X	X						
Madison Fam. Farm	snaps, etc	3,4			X		X							
Millstream Farms	sweet potatoes	3,4	1200		X			X						

FACILITY	COMMODITY	SCOPE		2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002
Nash Produce	sweet potatoes	3,4		X	X	X	X	X	X	X	X	X		
Natures Way	potatoes	6					X	X	X					
Nelson Blueberry	blueberries	1,2,3	30		X	X								
Patterson Farm	berries, tomatoes	1,2,3	300		X	X								
Patterson Repack	tomatoes	6			X	X	X	X	X					
Pope & Sons	pepp,cux,squash	1,2,3,4	180		X	X								
Pilot Mtn Pride	f & v	6			X									
Piney Mtn Orchards	apples	1,2				X								
Perez Bros	tomatoes, pepper	H			X									
Premier Produce	melons, berries	1,2,3	10		X	X	X	X	X	X	X	X		
R & C Farms (TN)					X	X								
Sandyland	sweet potatoes	3,4										X	X	
Saylor Orchards	apples	1,2	10		X	X	X							
Scott Farms	sweet potatoes	3,4	1000			X		X		X	X			
Sea Blu	blueberries	1,2	35		X	X								
Seasonal Produce	tom,cux,pepp	1,2			X									
Sleepy Creek	blueberries	1,2,3,4	300		X	X								
Smile Factory	apples	1,2,3,4	150					X						
Southern Produce	sweet potatoes	3,4								X		X		
Staton Farms	apples	1,2			X									
Stevens Blueberry	blueberries	1,2,3	24		X	X	X	X		X	X			
Sullivan Farm	sweet potatoes	1,2,4	466		X									
T & D Farms	pot,sw corn,etc	1	5		X									
TC Smith	melons, berries	1,2,3,4	75		X	X	X	X						
Tidewater Farms	red potatoes	3,4			X	X	X	X						
Tri W	sq,pepper, etc	1,2,3,4	125		X									
Triple C (TN)	tomatoes	1,2,3,4				X								
Triple F	swpot,sq,cux	1	40		X	X								
Triple J	sweet potatoes											X		
Linares (TN)					X									
Tull Hill Farms	lettuce,cabb,swpot	1,2,3,4						X	X	X				

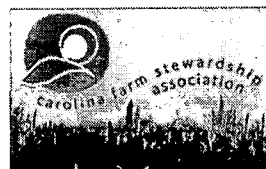




# Local Produce Safety Initiative: Making Food Safety Safe for NC Small Farms

Prepared for House Select Committee on Childhood  
Obesity, Feb. 15, 2012



Roland McReynolds  
Carolina Farm Stewardship Association



## Overview





- Project background
- Project methodology
- Project findings to date
- Next steps



## Project Background

- **About GAP and GAP Audits**
- **GAPs:** Good Agricultural Practices a system for assessing and managing some of the risks to the health and safety of raw agricultural commodities that result from the production, harvesting, transportation, storage and handling of those commodities on the farm.
- **GAP Audits:** System for third party assessment of a farm's practices for managing some health and safety risks in the production, harvest, transportation, storage and handling of raw agricultural commodities.



## Project Background

**USDA GAP Audit:** Multiple modules, including:

- general questions
- farm review
- field harvest
- storage and transportation
- house packing.

To receive certification under any module, the audited entity must earn 80 percent of the points available in that module.

## Project Background

GAPs are not a perfect tool for assessing or managing risk and they do not guarantee safety (see Jensen Farms cantaloupe outbreak)

**Example:** Method of irrigation has a significant impact on the risk of pathogen contamination:

- Drip and micro-sprinkler irrigation provide better control of pathogen risk than overhead irrigation
- GAP audit does not address, nor award points based on, the method of irrigation used on the farm.



## Project Background

North Carolina Fresh Produce Safety Task Force (NCFPSTF) identified that existing GAPs guidance and audit regimes are not well-suited to small-scale, diversified, low-input produce farms due to:

- limited manpower, which makes GAP record-keeping more burdensome on the farm operators;
- reliance on low-cost fertility sources such as compost and manure;



## Project Background



NCFPSTF-identified obstacles to GAP certification for small-scale, diversified, low-input produce farms, cont'd.:

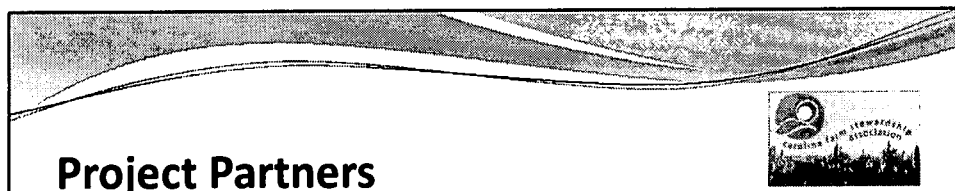
- limited capacity to make capital investments, which are assumed as a cost of doing business in larger farming operations;
- use of environmentally sensitive production practices, particularly related to soil conservation and biological pest controls, that are perceived under some inspection regimes as conflicting with GAPs; and
- reliance on multiple crops, including livestock, to diversify income streams and mitigate risk

## Project Background



- **NC SLFAC 2010 Report Recommendation :**

**“NCDA&CS and NCSU should develop an All-Farm GAPs Pilot Program for Small Farmers: Support the state’s small and diversified fruit and vegetable farmers by working with the North Carolina Fresh Produce Safety Task Force and its partners to develop an All-Farm GAPs (Good Agricultural Practices) pilot program.”**

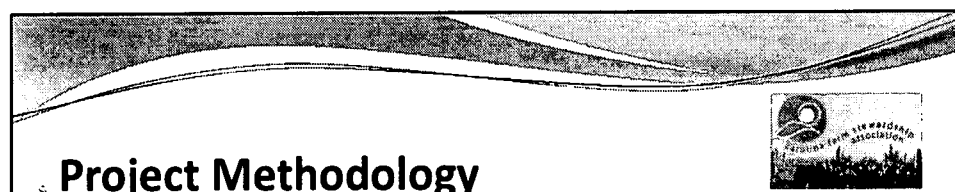


## Project Partners

- Carolina Farm Stewardship Association
- NCSU Dept. of 4-H Youth Development and Family and Consumer Science
- NC Fresh Produce Safety Task Force


Funding provided by:

- NC Specialty Crops Block Grant through NCDA&CS
- Rural Advancement Foundation-International Communities Reinvestment Program
- NC Dept. of Public Instruction



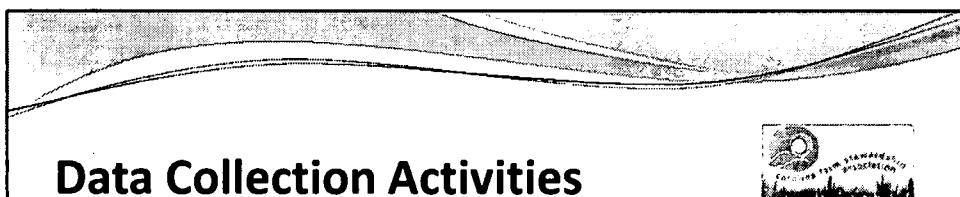
## Project Methodology

- Collected information on GAP costs and barriers from 12 small, diversified NC farms (operations with less than 20 acres under cultivation and growing at least 8 commodities) as they take steps toward USDA GAP certification
- 2 to 4 visits with each of the 12 farms over the period from May to November, 2011



## Data Collection Activities

- document reviews
- surveying farmers on projected capital and labor costs necessary to meet certification requirements
- tracking time required to document practices as required by USDA GAP audit protocols
- tracking actual capital investments such as sorting tables or product washing facilities
- tracking water testing costs
- and tracking costs related to changes in fertility management made in response to GAP protocols



## Data Collection Activities

- farmer journals (video, audio and text) documenting their food safety risk reduction activities and discussing any problems encountered
- dialog with Grading Services staff at the NCDA&CS to clarify inspection requirements and interpretations

## Project Findings to Date

### Audit Expenses and Crop Diversity:

Inspectors conducting an on-farm GAP audit will include in their certification all crops that they can observe being harvested at the time of the audit



## Project Findings to Date

### Variation in buyer needs

- Some may be satisfied by a GHP audit of a packing or warehousing facility, whether the farm's own or a shared/co-packing facility.
- Defining the scope of the certification required creates an opportunity for the producer to educate the buyer on the appropriate level of food safety assessment for a given farm and buyer



## Audit Challenges for Small Farms



- Documentation/time
- Use of compost and manure
- Water source, treatment, testing
- Animals
- Equipment and Facilities (harvesting tools, containers, etc.)
- Traceability

## Next Steps



- Economic analysis of data
- GAP audits of participating farms in Spring and Summer 2012
- Publication of guidance manual and documents

**Roland McReynolds**  
**Executive Director**  
**Carolina Farm Stewardship Association**  
**PO Box 448**  
**Pittsboro, NC 27312**  
**(919) 542 2402**  
**[roland@carolinafarmstewards.org](mailto:roland@carolinafarmstewards.org)**  
**[www.carolinafarmstewards.org](http://www.carolinafarmstewards.org)**



**Healthy Active Children (HAC)  
Policy Report**

**GCS-S-000**



**2011**

North Carolina Healthy Schools Initiative  
Summary Data from LEA  
School Health Advisory Councils

**GCS-S-000**

- Section 1. Local School Health Advisory Councils
- Section 2. Physical Education
- Section 3. Recess and Physical Activity
- Section 4. Coordinated School Health Programs
- Section 5. Action Plans and Reporting

**HAC Policy Report Key Points**

- 95% of LEAs Responded (106/112\*)
- 85% of SHACs list a representative from each required area
- 41% of SHACs meet at least quarterly
- 55% of SHACs provide reports to their local BOE

\*3 City LEAs Have Joint County/City SHAC

**HAC Policy Report Key Points**

- 51% report that **ALL** of their elementary schools provide 150 minutes of weekly PE with a certified PE teacher
- 52% report that **ALL** of their middle schools provide 225 minutes of weekly Healthful Living with certified health and physical education teachers

**Healthy Active Children Policy  
Report**

**SHAC Successes**

**LEA SHAC Successes**

- Recipient of the NC Prevention Partners Trailblazer award for employee staff wellness initiatives
- Recipients of USDA Fresh Fruit and Vegetables Grants
- Staff fitness, health and wellness classes
- Revision and improvement of local School Wellness Policies
- Mana Food Packs provided to needy students in the elementary and middle schools, weekly

**LEA SHAC Successes**

- Promotion of joint use agreements between schools and communities
- Creation of programs that support nutrition education for students and staff
- The use of Fitnessgram to monitor students' fitness levels
- Improvement made to mental health services available to students
- On campus Flu shot and Immunization clinics for students and staff

**LEA SHAC Successes**

- Information and other resources made available to parents and community members
- Teen Pregnancy Prevention Initiatives implemented
- SHAC and local health department co-sponsored anti-bullying workshops provided by the Department of Juvenile Justice and Delinquency Prevention for community and school professionals and parents.
- Vision, hearing, dental and BMI screenings for students

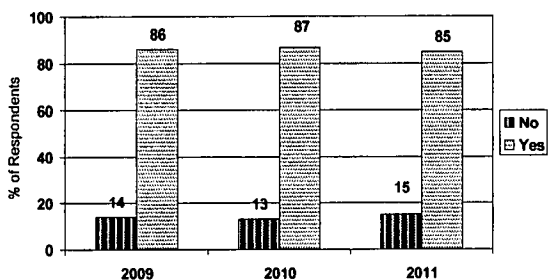
### LEA SHAC Successes

- Support staff trained in Child Sexual Abuse Prevention
- Formation of school-based Wellness Committees
- Implementation of local Youth Risk Behavior Survey (YRBS)
- Implementation of daily Positive Behavioral Intervention and Support (PBIS) activities
- School wide presentations on drug awareness and the benefit of making healthy choices

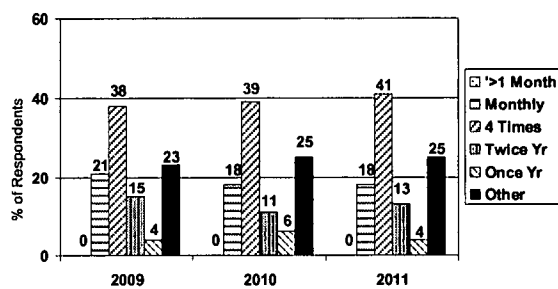
### SECTION 1

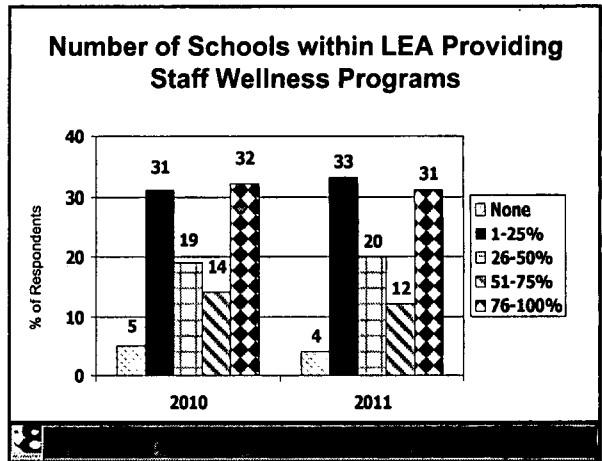
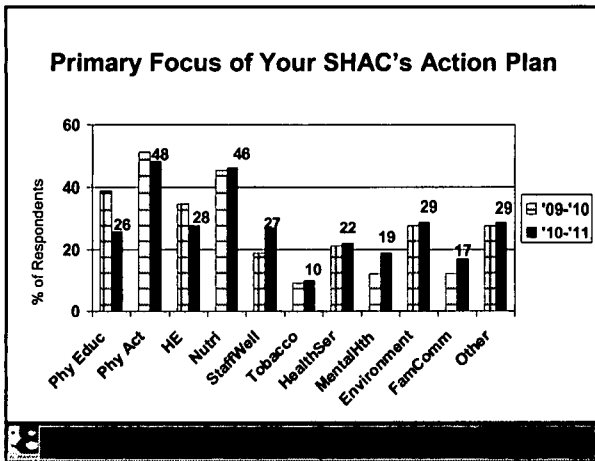
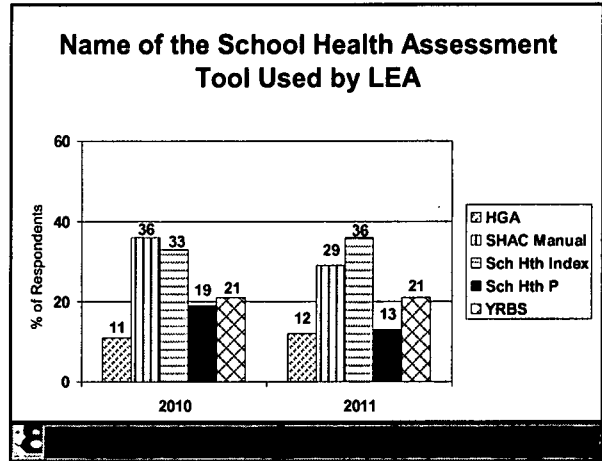
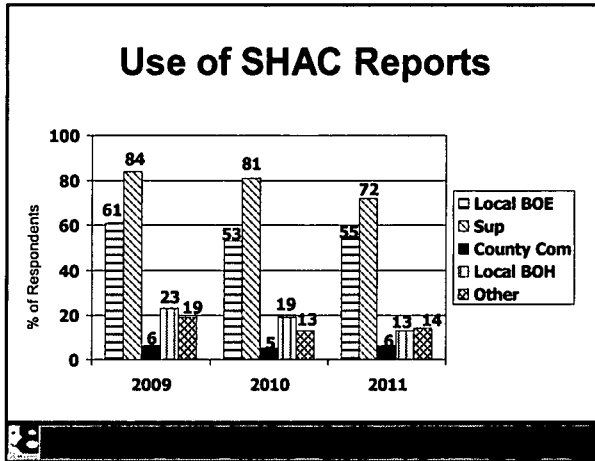
### School Health Advisory Councils

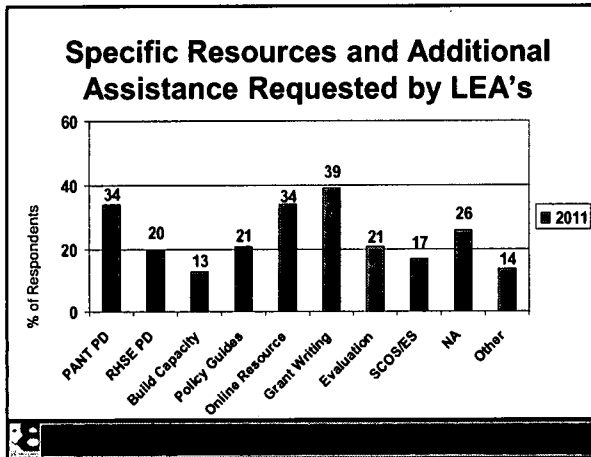
SHAC Has Required Representatives From All 8 Areas of Coordinated School Health



How Often SHAC Meets

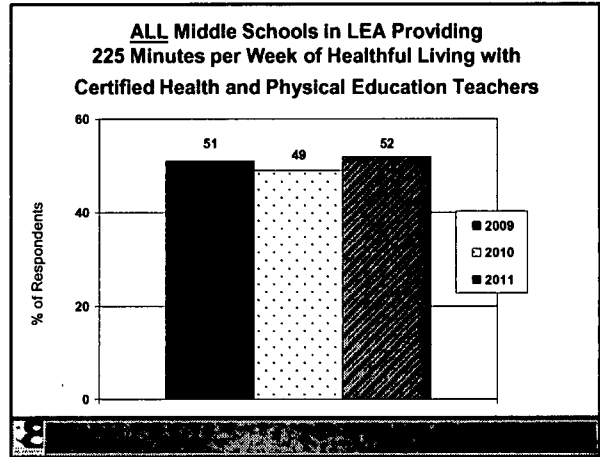
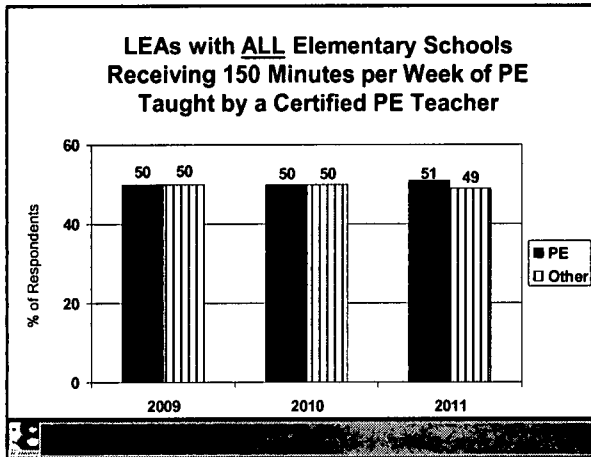




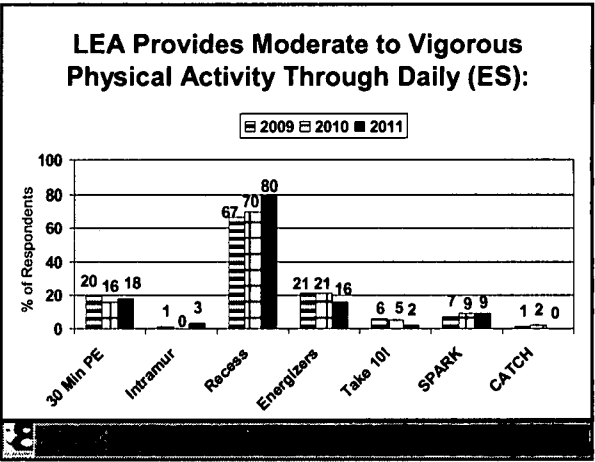
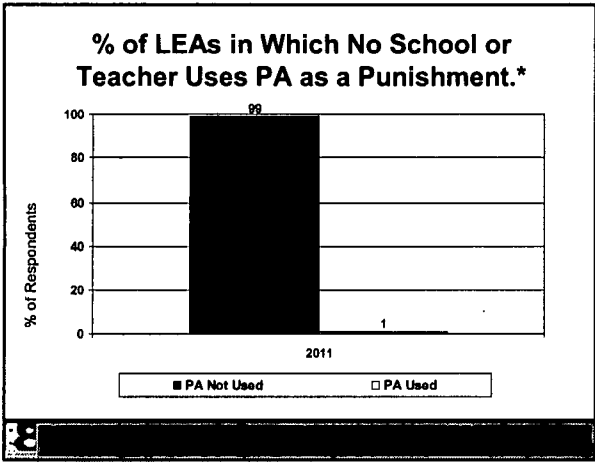
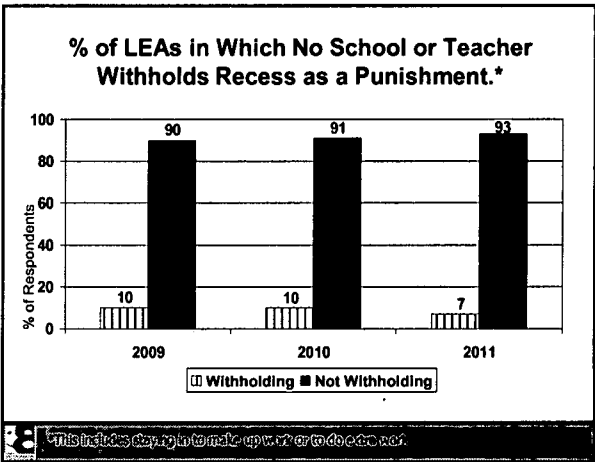


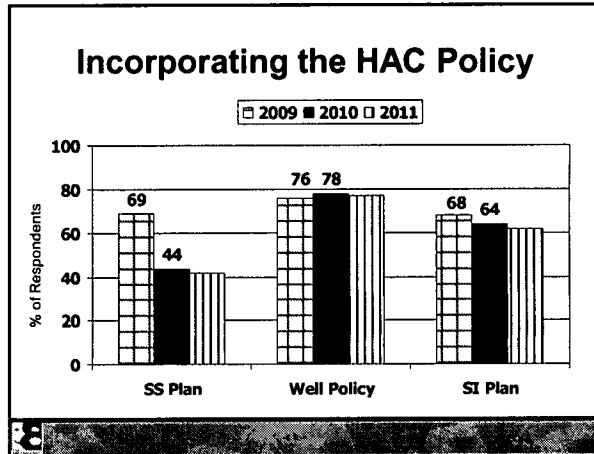
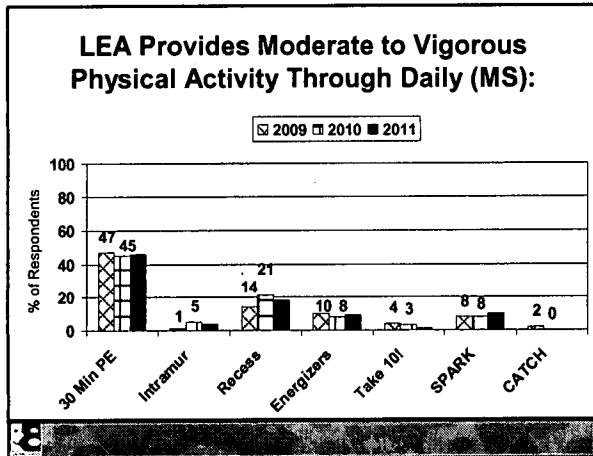
## SECTION 2

### Physical Education



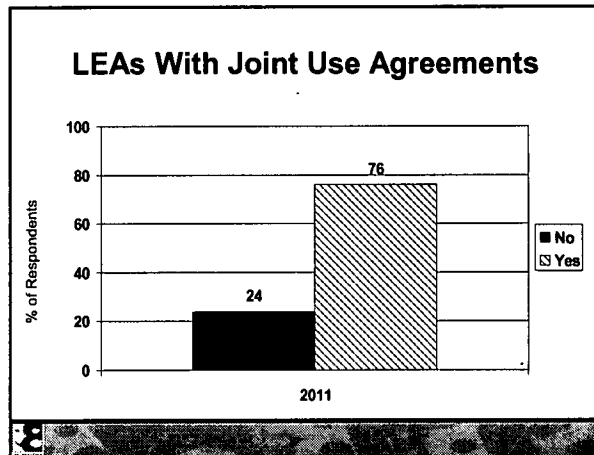
**SECTION 3**  
**Recess and Physical Activity**

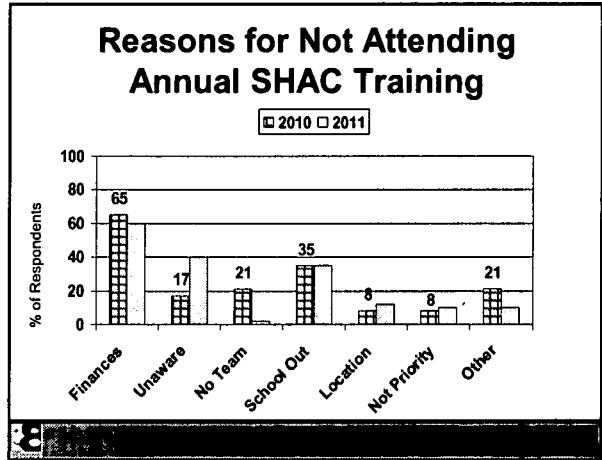
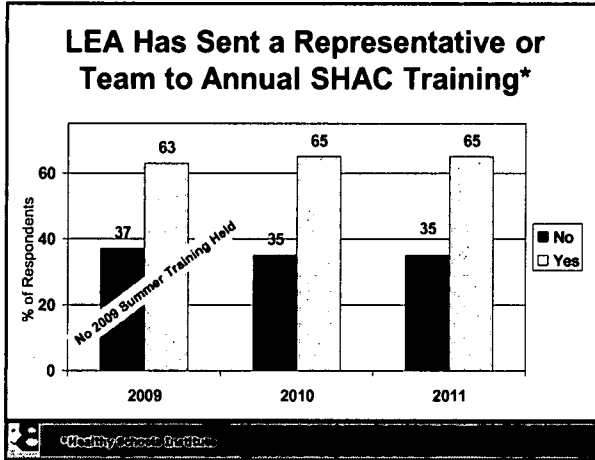




## SECTION 4

### Coordinated School Health



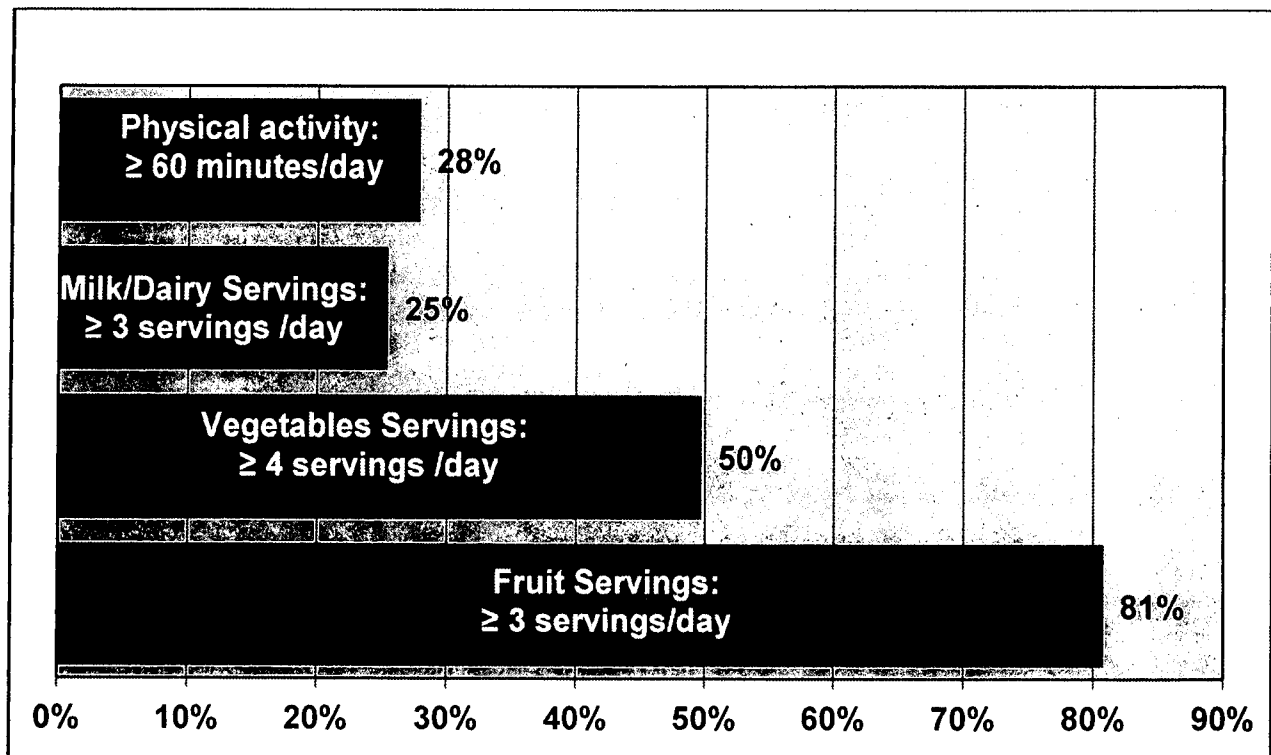


# In-school Prevention of Obesity and Disease SURVEY RESULTS

IsPOD Surveys from 202,281 K-8 students in 2010-2011 show:

- Only 28% have  $\geq 60$  minutes physical activity/day
- Only 25% have  $\geq 3$  servings milk per day
- Only 50% have  $\geq 4$  servings vegetables per day
- Only 81% have  $\geq 3$  servings fruit per day

**Percent of Students  
Meeting CDC Health and Nutrition Guidelines**

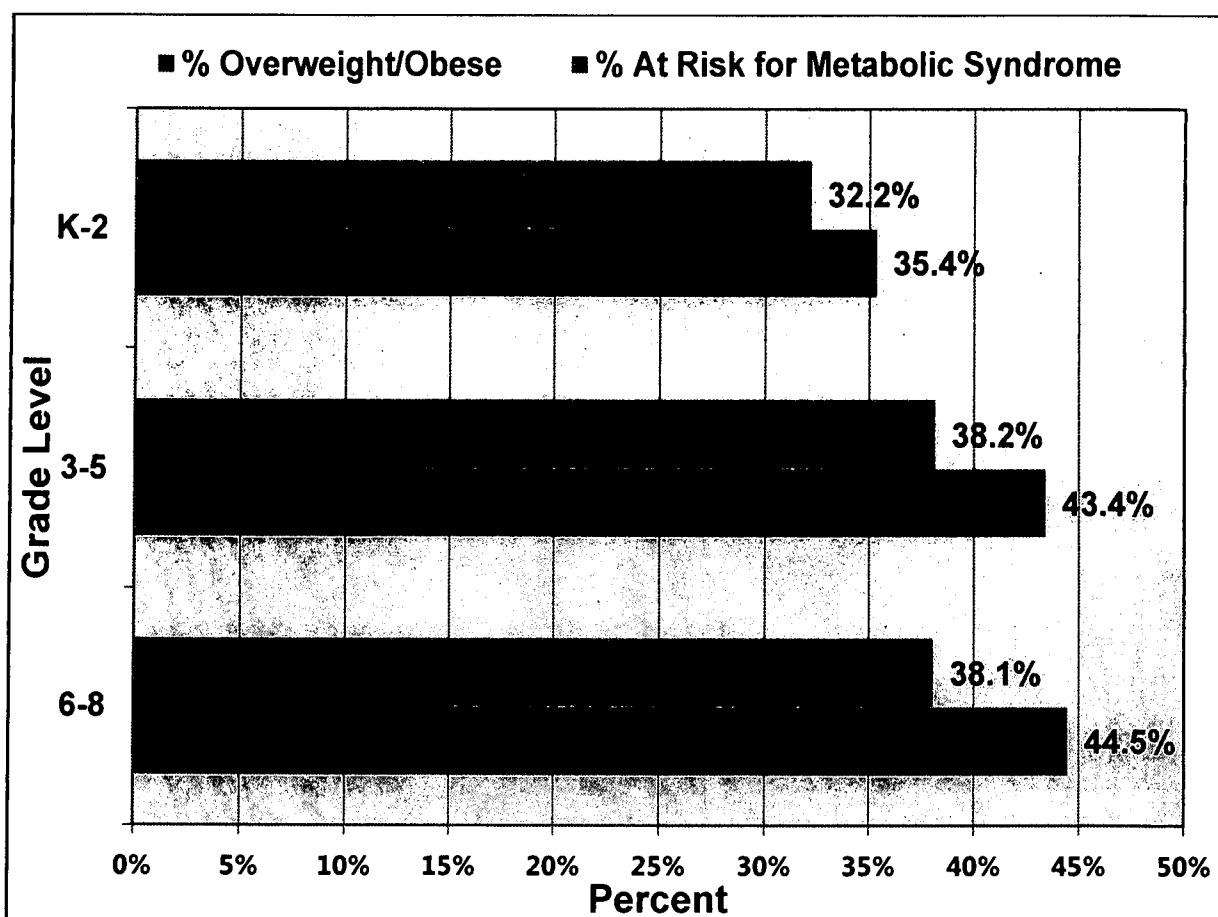


# IsPOD FITNESS RESULTS

IsPOD BMI Results from 357,424 K-8 grade students in 2010-2011 show:

- 42% of K-8 graders are “at-risk” for metabolic syndrome (FITNESSGRAM Standards)
- 37% are overweight or obese (CDC Standards)
- Students in higher grade levels are more likely to be “at-risk” for metabolic syndrome and overweight/obese

**Percent of Students by Grade Levels Overweight/Obese and “At-Risk” for Metabolic Syndrome\***



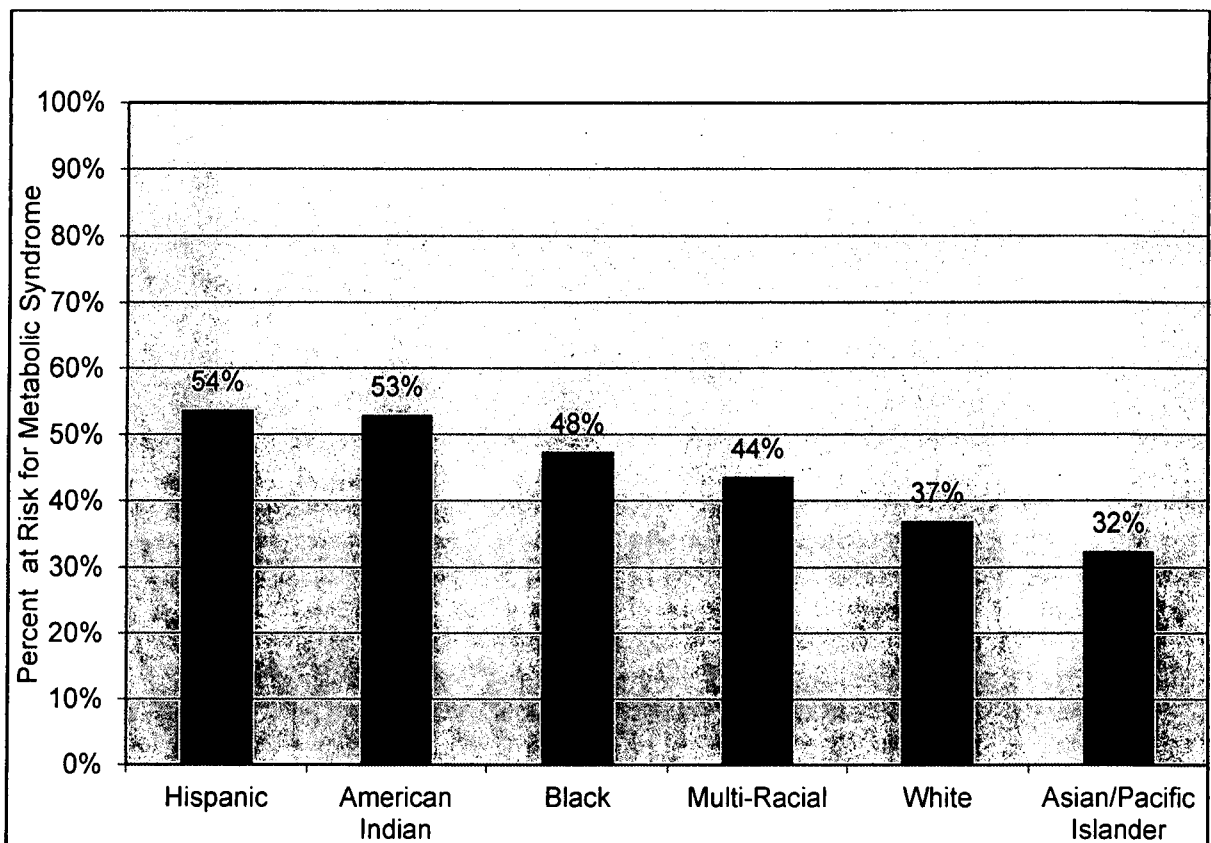
\* Metabolic Syndrome is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes.

## IsPOD FITNESS RESULTS (continued)

IsPOD BMI Results from 357,424 K-8 grade students in 2010-2011 show

- There are disparities between racial groups
- 37% of Whites/Asians at risk for metabolic syndrome
- 49% of Black, Hispanics, and Mutli-Racial students are at risk for metabolic syndrome

**Percent of Students by Race  
“At-Risk” for Metabolic Syndrome\***



\* *Metabolic Syndrome is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes.*

The National Association for Sport and Physical Education (NASPE) and the North Carolina State Board of Education "Healthy Active Children Policy" recommend that schools provide 150 minutes of instructional physical education for elementary school children, and 225 minutes for middle and high school students per week for the entire school year.

Analysis of teacher survey data on P.E. dosage shows:

**Only 17%** of surveyed teachers that indicated their K-5<sup>th</sup> graders are obtaining the recommended dosage of 150 minutes of Physical Education weekly.

**Only 18%** of surveyed teachers that indicated their 6<sup>th</sup>-8<sup>th</sup> graders are obtaining the recommended dosage of 225 minutes of Physical Education weekly

**For 6<sup>th</sup>-8<sup>th</sup> grade students a positive correlation was observed between the average minutes of P.E. week and whether they were overweight/obese**

- **41% of 6<sup>th</sup>-8<sup>th</sup> graders with < 150 minutes weekly P.E. were overweight or obese**
- **37% of 6<sup>th</sup>-8<sup>th</sup> graders with ≥ 150 minutes weekly P.E. were overweight or obese**

**NORTH CAROLINA STATE BOARD OF EDUCATION**  
**Policy Manual**

**Policy Identification**

**Priority:** Globally Competitive Students

**Category:** Student Health Issues

**Policy ID Number:** GCS-S-000

**Policy Title:** Policy regarding physical education in the public schools

**Current Policy Date:** 04/07/2005

**Other Historical Information:** Previous board dates: 01/09/2003

**Statutory Reference:**

**Administrative Procedures Act (APA) Reference Number and Category:**

***HEALTHY ACTIVE CHILDREN:***

**Section 1. LOCAL SCHOOL HEALTH ADVISORY COUNCIL**

- (a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy as well as other health issues as part of the coordinated school health plan.
- (b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

**Section 2. PHYSICAL EDUCATION**

- (a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, students enrolled in kindergarten through eighth grades are to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of and move toward having 150 minutes per week with a certified physical education teacher throughout the 180 day school year. Middle schools should consider the benefits of and move toward having 225 minutes per week of Healthful Living Education with certified health and physical education teachers throughout the 180-day school year.
- (b) The physical education course shall be the environment in which students learn, practice and receive assessment on developmentally appropriate motor skills, social skills, and knowledge as defined in the North Carolina Healthful Living Standard Course of Study and foster support and guidance for being physically active. In order to meet enhanced goals, these classes should be the same class size as other regular classes.

**Section 3. RECESS AND PHYSICAL ACTIVITY**

- (a) Structured/unstructured recess and other physical activity (such as, but not limited to, physical activity time, physical education or intramurals) shall not be taken away from students as a form of punishment. In addition, severe and inappropriate exercise may not be used as a form of punishment for students.

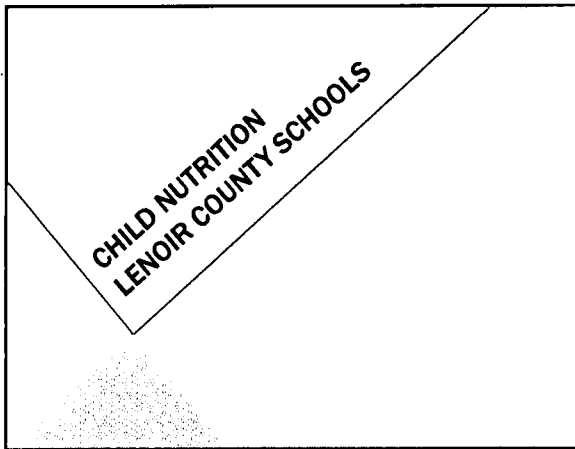
- (b) A minimum of 30 minutes of moderate to vigorous physical activity shall be provided by schools for all K-8 students daily. This requirement can be achieved through a regular physical education class and/or through activities such as recess, dance, classroom energizers, or other curriculum-based physical activity programs. However, such use of this time should complement and not substitute for the physical education program.
- (c) The physical activity required by this section must involve physical exertion of at least a moderate to vigorous intensity level and for a duration sufficient to provide a significant health benefit to students.

**Section 4. COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)**

- (a) The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:
  - (1) safe environment;
  - (2) physical education;
  - (3) health education;
  - (4) staff wellness;
  - (5) health services;
  - (6) mental and social health;
  - (7) nutrition services; and
  - (8) parental/family involvement.
- (b) The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

**Section 5. THIS POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006-2007 SCHOOL YEAR.**

- (a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006-2007 school year and shall include a review and appropriate modification of existing physical education and health curricula.
- (b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.
- (c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.
- (d) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and/or healthful living, physical activity received by students in each school within the district. Indicators that will mark successful implementation and evidences of completion shall be a part of the plan.
- (e) This report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction and local boards of education.
- (f) Progress reports and the annual reports shall also include any other information that may be recommended from the State Board of Education's Ad Hoc Committee studying implementation of the physical education and Healthful Living programs in kindergarten through eighth grades.



---

---

---

---

---

---

---

---

**WHAT IS INDIRECT COSTS**

Based on All Expenses incurred by the Program except: Food, Supplies, & Food Processing Supplies

The base used to figure Indirect Cost is taken from Data 2 Years Prior

The Percentage is determined for each District by DPI

---

---

---

---

---

---

---

---

**INDIRECT COST**

Child Nutrition is charged 10-15%  
Other programs are charged 1-4%

Until 2008 Lenoir Co. Schools was Paying \$350,000.00 per year

---

---

---

---

---

---

---

---

**WHY LENOIR DOES NOT PAY  
INDIRECT COSTS**

CNP is negative = Local districts pay

Why take \$ from CNP to give it back?  
Wastes time & \$

---

---

---

---

---

---

---

---

**LENOIR COUNTY**

2006 CNP - \$ 560,000.00

2010 CNP + \$ 81,359.52

1 month operation cost = \$488,760.05

Based on 2010 SY Lenoir: .1623% MOC

Federal Regs allows CNPs' to be charged only if  
they have over 1 Month Operating Balance

---

---

---

---

---

---

---

---

**FRESH IN THE MENU**

1	2	3	4	5

---

---

---

---

---

---

---

---

### BARRIERS FOR FRESH

- Product Cost: Fresh is more expensive
- Storage Space: Old Schools/Old Refrigerators, limited space for New Refrigerators
- Preparation Space: Small kitchens
- Equipment: Needs for updated, proper equipment

---

---

---

---

---

---

---

---

### MORE BARRIERS

- Labor Cost: More Time to Prepare Fresh
- Training for Staff
- Availability: Seasonal, Weather, Cost out of season
- Waste: Thrown away if not consumed
- Regulations on Procurement-GAP

---

---

---

---

---

---

---

---

### CASHIER RESPONSIBILITY

Responsible Teacher	Responsible Lunch
<p>Responsible for all 3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th</p> <p>At least 4 components for each meal</p> <p>1 Meat/Plant Alternative (2oz. Cheese/2oz.) (1/2 cup)</p> <p>1 Bread (1/2 cup)</p> <p>1 Fruit/100% Juice (1/2 cup)</p> <p>1 Milk/Dairy (1/2 cup)</p>	<p>Responsible for all 3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th</p> <p>At least 5 components for each meal</p> <p>1 Meat/Plant Alternative (2.5 oz)</p> <p>1 Bread/1/2 Cup (1/2 cup)</p> <p>1 Fruit/100% Juice (1/2 cup)</p> <p>1 Milk/Dairy (1/2 cup)</p> <p>1 Vegetable (1/2 cup)</p> <p>1 Starchy Food (1/2 cup)</p> <p>1 Fat (1/2 cup)</p> <p>1 Grain (1/2 cup)</p> <p>1 Protein (1/2 cup)</p> <p>1 Dairy (1/2 cup)</p> <p>1 Fruit/100% Juice (1/2 cup)</p> <p>1 Milk/Dairy (1/2 cup)</p>




---

---

---

---

---

---

---

---

**LUNCH PREPAY**

Lunchprepay.com is available in Lenoir Co.  
Payment can be made anytime, 24/7  
Payment is fairly current, except the system does not update between 9:30am-2:00pm  
-Too much exchange during service time  
Parents can track students activity  
System notifies parent by email when balance is low

---

---

---

---

---

---

---

---

**NEW STANDARDS/CASHIERS**

- To be Reimbursable, Cashiers will have to be sure all plates contain a Fruit or Vegetable
- Retrain Staff - Labor before School Begins
  - Sending students back is time-consuming
- Retrain Students, Parents, & Teaching Staff

---

---

---

---

---

---

---

---

# Final Rule to Update Nutrition Standards in the School Nutrition Programs

House Select Committee on Childhood Obesity  
February 15, 2012

Lynn Harvey, Ed.D., RD, LDN, FADA  
Section Chief, Child Nutrition Services  
NC Department of Public Instruction

---

---

---

---

---

---

---

---

## Healthy Hunger-Free Kids Act (December 13, 2010)

- ✓ Proposed Rule (meal pattern and nutrition standards) was issued in January, 2011
- ✓ An unprecedented 130,000+ comments were received
- ✓ Final Rule was published on January 26, 2012
- ✓ USDA estimates implementation of the new meal requirements will cost \$3.2 Billion

---

---

---

---

---

---

---

---

## Healthy Hunger-Free Kids Act (December 13, 2010)

The Final Rule:

- ✓ Ensures students are offered both fruits and vegetables every day
- ✓ Significantly increases offerings of whole-grain rich foods
- ✓ Offers only fat-free or low-fat milk varieties



---

---

---

---

---

---

---

---

## Healthy Hunger-Free Kids Act

(December 13, 2010)

### The Final Rule:

- ✓ Limits calories based on the grade of children served to ensure proper portion size
- ✓ Increases the focus on reducing the amounts of saturated fat, trans fats and sodium
- ✓ Allows gradual implementation over a three-year period

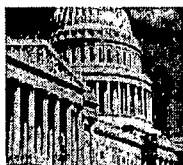


4

## Congressional Action

*Consolidated and Further Continuing Appropriations Act, 2012* (P.L. 112-55); Requires the following:

- ✓ No maximum weekly limit on starchy vegetables (or other vegetable subgroups)
- ✓ An evaluation of studies on sodium intake prior to implementing second and final sodium targets
- ✓ Crediting of tomato paste
- ✓ Definition of "whole grain"



5

## National School Lunch Program



6

## Fruits and Vegetables

### Current Requirement

½ - ¾ cup of fruit and vegetables combined per day



### New Requirement

- ✓ ¼ - 1 cup of vegetables\* plus
- ✓ ½ - 1 cup of fruit per day

\*Students are allowed to select ½ cup fruit or vegetable under the Offer versus Serve (OvS) Provision

---

---

---

---

---

---

---

---

---

---

## Vegetables

### Current Requirement

No requirement as to type of vegetable subgroup



### New Requirement

Weekly requirement for:

- ✓ Dark green
- ✓ Red/orange
- ✓ Beans/peas (legumes)
- ✓ Starchy
- ✓ other

---

---

---

---

---

---

---

---

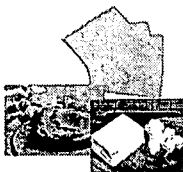
---

---

## Meat/Meat Alternate

### Current Requirement

1 ½ - 2 ounce equivalent (daily minimum)



### New Requirement

Daily minimum and weekly ranges:

- K-5 = 1 oz. daily  
8 - 10 oz. weekly
- 6-8 = 2 oz. daily  
9 - 10 oz. weekly
- 9-12 = 2 oz. daily  
10 - 12 oz. weekly

---

---

---

---

---

---

---

---

---

---

### Grains

**Current Requirement**  
8 servings per week  
(minimum of 1 serving  
per day)



**New Requirement**  
Daily minimum and weekly  
ranges:

- K-5 = 1 oz. daily  
8 – 9 oz. weekly
- 6-8 = 1 oz. daily  
8 – 10 oz. weekly
- 9-12 = 2 oz. daily  
10 – 12 oz. weekly

10

---

---

---

---

---

---

---

---

---

---

### Whole Grains

**Current Requirement**  
Encouraged



**New Requirement**  
At least half of the grains  
must be whole grain-rich  
beginning July 1, 2012

Beginning July 1, 2014, all  
grains must be whole grain  
rich

11

---

---

---

---

---

---

---

---

---

---

### Milk

**Current Requirement**  
1 cup

Variety of fat contents  
allowed; flavor not  
restricted



**New Requirement**  
1 cup

Must be fat-free  
(unflavored or flavored)  
OR  
low fat (1%)  
(unflavored)

12

---

---

---

---

---

---

---

---

---

---

## School Breakfast Program



13

## Fruit

### Current Requirement

½ cup of fruit per day  
(vegetable substitution allowed)

### New Requirement

✓ 1 cup per day\*  
(vegetable substitution allowed)



\*Amount required for SY 2014 – 2015; Students are allowed to select ½ cup fruit or vegetable under the Offer versus Serve (OvS) Provision

14

## Grains and Meat/Meat Alternate

Current Requirement  
2 grains

OR

2 meat/meat alternates

OR

1 of each per day

New Requirement  
Daily minimum and weekly range for grains\*:

K-5 = 1 oz. daily / 7 – 10 oz. weekly

6-8 = 2 oz. daily / 8 – 10 oz. weekly

9-12 = 2 oz. daily / 9 – 10 oz. weekly

\* M/MA may be substituted for grains after the minimum daily grains requirement has been met

15

### Whole Grains

**Current Requirement**  
Encouraged

**New Requirement**  
At least half of the grains  
must be whole grain-rich  
beginning July 1, 2013



Beginning July 1, 2014, all  
grains must be whole grain  
rich

16

### Milk

**Current Requirement**  
1 cup

**New Requirement**  
1 cup

Variety of fat contents  
allowed; flavor not  
restricted

Must be fat-free  
(unflavored or flavored)  
OR  
low fat (1%)  
(unflavored)



17

### Nutrition Standards



18

## Sodium

**Current Requirement**  
Encourage sodium reduction; no set targets

**New Requirement**  
Target 1: 2014 – 2015  
K-5 1230 mg  
6-8 1360 mg  
9-12 1420 mg  
  
Final Target – 2022 – 2023  
K-5 640 mg  
6-8 710 mg  
9-12 740 mg



19

---

---

---

---

---

---

---

---

---

---

## Calories

**Current Requirement**  
K-3 633 calories  
4-12 785 calories  
7-12 825 calories

**New Requirement**  
K-5 550 – 650 calories  
6-8 600 – 700 calories  
9-12 750 – 850 calories



20

---

---

---

---

---

---

---

---

---

---

## Saturated Fat and Trans Fat

**Current Requirement**  
Saturated Fat  
Less than 10% of total calories

**New Requirement**  
Saturated Fat  
Less than 10% of total calories

**Current Requirement**  
Trans Fat  
No limit



**New Requirement**  
Trans Fat  
0 grams per serving (nutrition label)

21

---

---

---

---

---

---

---

---

---

---

Other Changes

### Other Changes

- ✓ Increased requirement for monitoring
- ✓ State Education Agency required to conduct administrative reviews every 3 years instead of 5 years




---

---

---

---

---

---

---

---

22

Estimated cost of the Final Rule

### Estimated cost of the Final Rule

- ✓ The increases in food and labor costs are estimated to be 10 cents for lunch and 27 cents for breakfast by 2015
- ✓ Final Rule states *"school districts will be required to make a substantial investment to improve the quality of school meals."*
- ✓ HHFKA includes a provision for an additional 6 cents per reimbursable school lunch served.




---

---

---

---

---

---

---

---

23

Yet to come...

### Yet to come...

- ✓ Interim Rule on the "6 cents additional payments"
- ✓ Proposed Rule on Nutrition Standards for all Foods Available on the School Campus
- ✓ Interim Rule on Local Wellness Policies
- ✓ Requirements for conducting Administrative Reviews
- ✓ Professional Standards for State and Local Child Nutrition Directors

---

---

---

---

---

---

---

---

24

### Barriers to Optimal Nutrition Environment that supports Obesity Prevention

- ❖ Inadequate funds
- ❖ Nutrition not valued as part of the instructional day
- ❖ Priority is for the CN Program to be financially self-supporting
- ❖ Limited time and/or space for students to eat meals at school
- ❖ Too little nutrition education to influence children's eating habits
- ❖ Student taste preferences

---

---

---

---

---

---

---

---

---

---

---

---

### NC's School Nutrition Programs have made tremendous progress

- ✓ Achieving USDA's School Meals Initiative
- ✓ Increasing fresh fruits and vegetables
- ✓ Increasing whole grain foods
- ✓ Limiting fried foods
- ✓ Eliminating whole milk
- ✓ Limiting foods high in fat and/or sugar
- ✓ Emphasized the reimbursable meal
- ✓ Formed a state-wide purchasing alliance
- ✓ Implemented Farm-to-School Program
- ✓ 85% of elementary schools achieved nutrition standards...until they lost money
- ✓ Recovered from 2009 "Perfect Storm"




---

---

---

---

---

---

---

---

---

---

---

---

Child Nutrition Services Section  
 NC Department of Public Instruction  
 301 North Wilmington Street  
 6324 Mail Service Center  
 Raleigh, NC 27699-6324  
 (919) 807-3506

---

---

---

---

---

---

---

---

---

---

---

---

Comparison of Current and New Regulatory Requirements under Final Rule "Nutrition Standards in the National School Lunch and School Breakfast Programs" Jan. 2012

<b>National School Lunch Program Meal Pattern</b>		
<b>Food Group</b>	<b>Current Requirements K-12</b>	<b>New Requirements K-12</b>
Fruit and Vegetables	½ - ¾ cup of fruit and vegetables combined per day	¾ - 1 cup of vegetables <u>plus</u> ½ - 1 cup of fruit per day Note: Students are allowed to select ½ cup fruit or vegetable under OVS.
Vegetables	No specifications as to type of vegetable subgroup	Weekly requirement for: <ul style="list-style-type: none"> <li>• dark green</li> <li>• red/orange</li> <li>• beans/peas (legumes)</li> <li>• starchy</li> <li>• other (as defined in 2010 Dietary Guidelines)</li> </ul>
Meat/Meat Alternate (M/MA)	1.5 – 2 oz eq. (daily minimum)	Daily minimum and weekly ranges: Grades K-5: 1 oz eq. min. daily (8-10 oz weekly) Grades 6-8 : 1 oz eq. min. daily (9-10 oz weekly) Grades 9-12 : 2 oz eq. min. daily (10-12 oz weekly)
Grains	8 servings per week (minimum of 1 serving per day)	Daily minimum and weekly ranges: Grades K-5: 1 oz eq. min. daily (8-9 oz weekly) Grades 6-8 : 1 oz eq. min. daily (8-10 oz weekly) Grades 9-12 : 2 oz eq. min. daily (10-12 oz weekly)
Whole Grains	Encouraged	At least half of the grains must be whole grain-rich beginning July 1, 2012. Beginning July 1, 2014, all grains must be whole grain rich.
Milk	1 cup Variety of fat contents allowed; flavor not restricted	1 cup Must be fat-free(unflavored/flavored) or 1% low fat (unflavored)

Comparison of Current and New Regulatory Requirements under Final Rule "Nutrition Standards in the National School Lunch and School Breakfast Programs" Jan. 2012

<b>School Breakfast Program Meal Pattern</b>		
<b>Food Group</b>	<b>Current Requirements K-12</b>	<b>New Requirements K-12</b>
Fruit	½ cup per day (vegetable substitution allowed)	1 cup per day (vegetable substitution allowed) Note: Quantity required SY 2014-15. Students are allowed to select ½ cup of fruit under OVS.
Grains and Meat/Meat Alternate (M/MA)	2 grains, or 2 meat/meat alternates, or 1 of each per day	Daily min. and weekly ranges for grains:  Grades K-5: 1 oz eq. min. daily (7-10 oz weekly)  Grades 6-8 : 1 oz eq. min. daily (8-10 oz weekly)  Grades 9-12 : 1 oz eq. min. daily (9-10 oz weekly)  Note: Quantity required SY 2013-14. Schools may substitute M/MA for grains after the minimum daily grains requirement is met.
Whole Grains	Encouraged	At least half of the grains must be whole grain-rich beginning July 1, 2013. Beginning July 1, 2014, all grains must be whole grain rich.
Milk	1 cup  Variety of fat contents allowed; flavor not restricted	1 cup  Must be fat-free (unflavored/flavored) or 1% low fat (unflavored)

Comparison of Current and New Regulatory Requirements under Final Rule "Nutrition Standards in the National School Lunch and School Breakfast Programs" Jan. 2012

Nutrient Standards	New Standards K-12		
<p><b>Sodium</b> Reduce, no set targets</p>	<p><b>Target I: SY 2014-15</b> Lunch ≤1230mg (K-5); ≤1360mg (6-8); ≤1420mg (9-12) Breakfast ≤540mg (K-5); ≤600mg (6-8); ≤640mg (9-12)</p>	<p><b>Target 2: SY 2017-18</b> Lunch ≤935mg (K-5) ≤1035mg (6-8); ≤1080mg (9-12) Breakfast ≤485mg (K-5); ≤535mg (6-8); ≤570mg (9-12)</p>	<p><b>Final target: 2022-23</b> Lunch ≤640mg (K-5); ≤710mg (6-8); ≤740mg (9-12) Breakfast ≤430mg (K-5); ≤470mg (6-8); ≤500mg (9-12)</p>
<p><b>Calories (min. only)</b> <i>Traditional Menu Planning</i> Lunch: 633 (grades K-3) 785 (grades 4-12) 825 (optional grades 7-12) Breakfast: 554 (grades K-12)</p> <p><i>Enhanced Menu Planning</i> Lunch: 664 (grades K-6) 825 (grades 7-12) 633 (optional grades K-3) Breakfast: 554 (grades K-12) 774 (optional grades 7-12)</p> <p><i>Nutrient Based Menu Planning</i> Lunch: 664 (grades K-6) 825 (grades 7-12) 633 (optional grades K-3) Breakfast: 554 (grades K-12) 618 (optional grades 7-12)</p>	<p><b>Calorie Ranges (min. &amp; max.)</b> <i>Only food-based menu planning allowed</i> Lunch: 550-650 (grades K-5) 600-700 (grades 6-8) 750-850 (grades 9-12) Breakfast: 350-500 (grades K-5) 400-550 (grades 6-8) 450-600 (grades 9-12)</p>		
<p><b>Saturated Fat</b> &lt;10% of total calories</p>	<p><b>Saturated Fat</b> &lt;10% of total calories</p>		
<p><b>Trans Fat:</b> no limit</p>	<p><b>New specification:</b> zero grams per serving (nutrition label)</p>		

**Draft Recommendations  
for Consideration by the  
Chairs of the House Select Committee on Childhood Obesity**

**School Lunch Program Recommendations**

**Draft Recommendation 1:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction to work with LEAs to limit or eliminate the sale of a' la carte items that do not meet federal nutrition standards, replacing them with healthier a' la carte items if possible, and report on or before October 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 1:** December 8, 2011, report by Program Evaluation Division that child nutrition programs sell a' la carte foods to fill the revenue loss but that the a' la carte items do not have to meet nutrition standards.

**Draft Recommendation 2:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction encourage LEAs to work toward the elimination of indirect cost charges to school child nutrition programs and require schools to use the savings to promote program solvency and to provide healthier food offerings, report progress on recommendation or before November 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 2:** December 8, 2011, report by Program Evaluation Division that school districts have discretion to assess full, partial, or no indirect costs to child nutrition programs. Indirect costs average 5% of annual program expenditures. In 2007-08, 95% of programs paid indirect costs. In 2010-11, 55% of programs paid indirect costs. However, despite the recent decrease, the Program Evaluation Division speculated that the number of districts assessing indirect costs is expected to rise. The Program Evaluation Division also found that 60 programs averaged less than 1 month's operating balance from 2007-08 and 2009-10 and that more than half of these programs paid indirect costs. The average indirect cost payment was \$184,658 and the average loss was \$53,266. The Program Evaluation Division recommended requiring at least one month's operating balance before districts can assess indirect costs. This may be a requirement that the Department decides to pursue, but the Committee is giving the Department flexibility to evaluate this and other alternatives as it works to decrease or eliminate the assessment of indirect costs. It is anticipated that eliminating indirect costs would help struggling child nutrition programs and allow savings to be spent to provide healthier food options to students.

**Draft Recommendation 3:** The House Select Committee on Childhood Obesity recommends that the General Assembly appropriate funds to supplement federal child nutrition funding beyond the required State match and targeted toward increasing the use of locally -produced fresh fruits and vegetables in school food services.

**Draft Background 3:** The Program Evaluation Division report on December 8, 2011, indicated that 32 states supplement federal child nutrition funds. Some states have a recurring flat appropriation amount, some fund labor costs, and some provide meal reimbursements.

**Draft Recommendation 4:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction to work with LEAs to decrease food costs and increase the use of locally grown fruits and vegetables through increased participation in the North Carolina Procurement Alliance and Farm to School program and to report progress on this recommendation or before December 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 4:** The Program Evaluation Division report on December 8, 2011, presented information on opportunities for child nutrition programs to save money when purchasing food and supplies through the North Carolina Procurement Alliance. The Division found that Members have realized an average savings of 6% on the purchase of food and supplies. The Division recommended funding administrative support for the Procurement Alliance. The Department may wish to explore whether it has existing manpower and resources to provide administrative support. During meetings on January 12, 2012 and February 15, 2012, the Committee heard presentations on the North Carolina Farm to School Program coordinated by the North Carolina Department of Agriculture. The Farm to School program has been in operation for 15 years. The Committee sees the purchase of locally grown produce from farmers and the consumption of this produce by school children to be a win-win situation for North Carolina.

**Draft Recommendation 5:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction to explore ways to increase breakfast and lunch participation in middle and high schools in an effort to increase federal reimbursement and to on or before October 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 5:** On December 8, 2011, Child Nutrition Services reported that meal participation drives federal reimbursement. The following breakfast participation levels were reported: 37% in Elementary School, 19% in Middle School, 12% in High School. The following lunch participation levels were reported: 77% in Elementary School, 69% in Middle School, 42% in High School. According to information presented by the Department, North Carolina has the tenth most food insecure student body in the nation and the fifth fattest student body in the nation. The Department is encouraged to work with LEAs to survey students to determine breakfast and lunch preferences and to allow students to provide input on menu options in an effort to encourage student interest and participation in healthy breakfast and lunch programs.

#### **Recommendations to Increase the Consumption of Healthy Food in Schools and Communities**

**Draft Recommendation 6:** The House Select Committee on Childhood Obesity recommends that the General Assembly enact House Bill 503 which directs the State Board of Education to adopt rules for other food sale operations on the school campus and to require charter schools participating in the national school lunch program and local boards of education to implement these rules.

**Draft Background 6:** On June 1, 2011, House Bill 503, Nutrition Stds. /All Foods Sold at Schools, passed the House of Representatives on 3<sup>rd</sup> reading. House Bill 503 was referred to the Senate Committee on Education/Higher Education on June 6, 2011.

**Draft Recommendation 7:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services to increase participation in Supplemental Nutrition Assistance Program Education (SNAP-Ed) and to report progress on or before October 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 7:** On December 8, 2011, the Division of Social Services, Department of Health and Human Services, presented information on Food and Nutrition Services and SNAP-Ed. SNAP-Ed is an optional nutrition education and obesity prevention grant program that is 100% federally funded. The Division provided that the goals of SNAP-Ed include: healthy food choices within a limited budget, physically active lifestyles, and education on Dietary Guidelines for Americans and MyPlate. The focus of the program is to encourage consumption of fruits, vegetables, whole grains, and fat free or low-fat milk instead of unhealthy alternatives. The program also encourages physical activity, caloric intake monitoring and drinking water instead of sugary drinks.

**Draft Recommendation 8:** The House Select Committee on Childhood Obesity appreciates and supports efforts to assist farmers in becoming GAP certified in order to increase participation in the Farm to School program and to increase the availability, supply and consumption of healthy locally grown fruits and vegetables. (This recommendation would not require legislation.)

**Draft Background 8:** During the meetings on January 12, 2012 and February 15, 2012, the Committee heard presentations on the Farm to School program and Good Agricultural Practices (GAP) certification for farmers. The Committee appreciates current and future efforts by the Department of Agriculture and the Carolina Farm Stewardship Association to assist farmers in obtaining GAP certification thereby increasing local farmer participation in the Farm to School program and public access to healthy fruits and vegetables.

**Draft Recommendation 9:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services, the Department of Agriculture & Consumer Services to work toward increasing the number of farmers markets accepting SNAP (Supplemental Nutrition Assistance Program) EBT (Electronic Benefit Transfer) cards, to make the location of these markets known to SNAP recipients, and to report progress on this recommendation or before March 1, 2013 and November 1, 2013, to the House Select Committee on Childhood Obesity and the Education Oversight Committee.

**Draft Background 9:** During the December 8, 2011 meeting the Committee heard a presentation on SNAP and SNAP-Ed. The Committee also heard from Dr. Alice Ammerman, Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine Director, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, who presented information on SNAP-Ed and the economic case for local food. Dr. Ammerman presented Recommendation 13 from the Sustainable Local Food Advisory Council's 2011 report, which encouraged the SNAP-Ed Advisory Committee to work with the Council's subcommittee to consider a statewide coordinated approach to encourage the use of locally produced food by SNAP participants. The Committee is encouraged by the work thus far to increase the acceptance of SNAP EBT cards at farmers

markets. Increasing acceptance of these cards will assist farmers and SNAP recipients by increasing consumption of locally fruits and vegetables.

**Draft Recommendation 10:** The House Select Committee on Childhood Obesity recommends that the General Assembly continue the Sustainable Local Food Advisory Council until July 31, 2015.

**Draft Background 10:** Session Law 2009-530 created the North Carolina Sustainable Local Food Advisory Council to address program and policy considerations regarding the development of a sustainable local food economy in North Carolina. The Council is set to expire on July 31, 2012. The Committee has heard from a number of groups that are involved with the Council and has benefited from information facilitated through the Council. The Council has requested continuation.

### **Recommendations to Increase Physical Activity Among Children**

**Draft Recommendation 11:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the State Board of Education to study strategies to increase the number of schools that are meeting the State Board of Education mandated minimum of 30 minutes of moderate to vigorous physical activity each day for all K-8 students. The study shall also look at ways that the local school administrative units can increase the amount of time that these students are engaged in daily moderate to vigorous physical activity. The State Board of Education shall report to the House Select Committee on Childhood Obesity and the Joint Legislative Education Oversight Committee on or before December 15, 2010.

**Draft Background 11:** At the November 10 meeting, the Committee heard about the link between the amount of time that a child participated in daily activity and the child's grades in school. According to the Physical Activity and Nutrition Branch of DHHS, parents reported that 53% of children who spent over an hour in physical activity each day made mostly A's as compared to 42% of children who spent less than 20 minutes in physical activity each day made mostly A's.

Paula Hudson, Chief Health and Community Relations Officer for DPI, explained State Board of Education Policy HSP-S-000 that required schools to provide daily a minimum of 30 minutes of moderate to vigorous physical activity to all K-8 students. The requirement can be met through a regular physical education class or through other activities such as recess, dance, classroom energizers, or other curriculum based physical education activity programs. This time should not substitute for the physical education program.

**Draft Recommendation 12:** The House Select Committee on Childhood Obesity recommends that the General Assembly establish a task force to examine how to continue the collection of information from fitness testing currently conducted in the public schools, methods to ensure that the data is reliable, procedures to allow the data to be shared appropriately with State agencies in order to have a Statewide picture of fitness levels of students, and funding sources for these activities. The task force should include representatives from the Department of Public Instruction; the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance; the Division of Public Health in DHHS; the American Heart Association and other organizations and agencies deemed appropriate.

**Draft Background 12:** At the November 10 meeting, Paula Hudson, Chief Health and Community Relations Officer for DPI, explained about the new fitness testing guidelines for K-8 students developed

by the State Board of Education as required by Session Law 2010-61. The new tests should measure aerobic capacity, body composition, muscular strength, muscular, endurance and flexibility. At the same meeting, the Committee heard that the Kate B. Reynolds grant funding that supports the efforts of the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NC AAHPERD) will end on July 31, 2010. Through the grant NCAAHPERD has collected data on the fitness levels of K-8 students.

**Draft Recommendation 13:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the State Board of Education and the Department of Public Instruction to encourage increased participation of sixth grade students in interscholastic athletics.

**Draft Background 13:** State Board of Education policy, .0202 INTERSCHOLASTIC ATHLETICS, provides that only students in grades 7-12 may participate in interscholastic athletic competition. At the November 10<sup>th</sup> meeting, Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, NCSU, spoke on the importance of organized athletics in middle school. Dr. Kanters recommended that the State Board of Education policy regarding participation in interscholastic athletics be revised to allow 6<sup>th</sup> graders the ability to participate.

**Draft Recommendation 14:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the State Board of Education and the Department of Public Instruction to encourage schools to make intramural opportunities available to all middle and high school students.

**Draft Background 14:** During the November 10<sup>th</sup> meeting, Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, NCSU, spoke on the importance of providing intramural opportunities for students who do not participate in interscholastic athletic competition. Dr. Kanters mentioned that children who participate in sports are more active than children who don't participate in sports. He pointed out that his research found that about 32,000 6<sup>th</sup> graders don't have access to any school sports. Dr. Kanters mentioned that this is important because when children don't participate in sports their motivation to participate later diminishes. His research found that intramural sports attract more students than interscholastic sports and that African American and low-income students are more likely to participate in sports in schools that have intramural sports programs. Dr. Kanters presented research to indicating that 47% of schools offer some type of intramurals but that sometimes facilities sit empty but intramurals more effectively use buildings.

#### **Recommendations to Address Early Childhood Obesity**

**Draft Recommendation 15:** The House Select Committee on Childhood Obesity recommends that North Carolina Institute of Medicine (NCIOM) present the findings and recommendations of the NCIOM Task Force on Early Childhood Obesity Prevention when those findings are available in 2013. (No legislation is necessary on this recommendation.)

**Draft Background 15:** The North Carolina Institute of Medicine (NCIOM) Task Force on Early Childhood Obesity Prevention is working to develop recommendations to address barriers and to ensure the availability of systems and services to improve young children, ages 0-5, and the physical and nutritional health of their families. According to information from the NCIOM, the Task Force is charged to:

- (1) examine evidence-based and promising practices from prior North Carolina related task forces, as well as from the White House and national Institute of Medicine Committee on Childhood Obesity Prevention; and

(2) develop a strategic plan to prevent or reduce early childhood obesity in North Carolina that can serve as a blueprint for foundations, government, health professional associations, and other community groups interested in improving the health of young children, ages 0-5.



**NORTH CAROLINA HOUSE OF REPRESENTATIVES  
COMMITTEE MEETING NOTICE  
AND  
2011-2012 SESSION**

You are hereby notified that the Committee on **House Select Committee on Childhood Obesity** will meet as follows:

**DAY & DATE:** Wednesday, February 15, 2012

**TIME:** 10:00 a.m.

**LOCATION:** 1228 LB

**COMMENTS:**

Respectfully,  
Representative LaRoque, Chair  
Representative Sanderson, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **10 AM** o'clock on **January 23, 2011**.

- Principal Clerk
- Reading Clerk – House Chamber

**Lisa Kennedy** (Committee Assistant)

Committee Sergeants at Arms

NAME OF COMMITTEE HS on Childhood Obesity

DATE: 2.15.2012 Room: 1228

House Sgt-At Arms:

1. Name: Carlton Adams

2. Name: Wayne Davis

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

Senate Sgt-At Arms:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

VISITOR REGISTRATION SHEET

House Select Comm. on Childhood Obesity

Name of Committee

Date

2-15-12

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Richard C. Rerch	NCDA & CS
MARY HALL	ISPOO / NCAAPHERD
Katherine Goya	NCASA
Amy McCook	NC Beverage Assn
Pam Slawans	NC Alliance for Health
Paul Miller	NCSEA
Kriz Horton	OHHS
Christine Weason	American Cancer Society

## VISITOR REGISTRATION SHEET

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Wendy Kelly	Policy Group
Matt Farrell	NCSBA
Maq H Gray	NCR
Dr. Patrick Miller	Supt. - Greene Co. Schools
Heather Barnett	Williams Mullen
Paula Hildebrand	DPI
Lynn Harvey	NCDPI
Dean Simpson	DHS / DSS
Annaliese Dolph	Covenant
Dr. Anthony S. Jackson	Supt. Nash - Rocky Mount - Schools
Angela Miller	Head of Living - Nash Rocky Mount Schools

## VISITOR REGISTRATION SHEET

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Busey-Letter	American Heart Assn
JUDY MARITNO	NCAHPERD
Frederick R. Gilbert	School Nutrition Assoc. of NC PRAC cochair
Marilyn Moody	School Nutrition Assoc. of NC
Dangin Baker	School Nutrition Assoc. of NC - President
Gene Causky	" " "
Meredith Finkbein	The Policy Group
Kimberly Alexander-Dutcher	NC Institute of Medicine
Elizabeth Bourne	NCDA & CS
Roland McFarland	CFSA
Susanna Davis	Gov Office



## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

---

### AGENDA

February 15, 2012

10:00 AM, Room 1228/1327, Legislative Building

### WELCOME AND INTRODUCTION

Rep. Stephen LaRoque, Co-Chair

Rep. Norman Sanderson, Co-Chair

- **Adoption of Minutes**
- **Good Agricultural Practices (GAP) Certification as it Relates to Farm to School**
  - Brooke Stephenson, Marketing Division, NC Department of Agriculture
  - Heather Barnes, Farm to School, NC Department of Agriculture
- **Small Farms and GAP Certification: Addressing On-the-Ground Challenges**
  - Roland McReynolds, Executive Director, Carolina Farm Stewardship Association
- **Child Nutrition Issues: A Local Perspective**
  - Pam Smith, Child Nutrition Director, Lenoir County Schools
- **Healthy Active Children Policy Report**
  - Paula H. Hildebrand, Chief Health and Community Relations Officer, DPI
- **Physical Education Success Stories**
  - Dr. Patrick Miller, Superintendent, Greene County Schools
  - Angie Miller, Healthful Living Coordinator, Nash-Rocky Mount Public School System
- **New Federal Child Nutrition Standards and Possible Local Impact**
  - Lynn Harvey, Section Chief, Child Nutrition Services, DPI

### Committee Discussion

## **Minutes**

### **House Select Committee on Childhood Obesity**

Wednesday, February 15, 2012

10:00 a.m.

Room 1228, Legislative Building

The House Select Committee on Childhood Obesity met on Wednesday, February 15, 2011, at 10:15 a.m. in Room 1228 of the Legislative Building. Representative LaRoque Chairman, Representatives L. Brown, R. Brown, Insko, McGrady, and Pierce attended.

Representative LaRoque presided. He welcomed the committee and recognized Sergeant at Arms and staff.

Representative LaRoque asked for a motion to accept the minutes. Representative McGrady moved to approve the minutes. Vote was called and motion was passed. The minutes were adopted.

### **Presentations**

#### **Good Agricultural Practices (GAP) Certifications as it Relates to Farm to Schools**

Representative LaRoque recognized Brooke Stephenson, Marketing Division, NC Department of Agriculture and Heather Barnes, Farm to School, NC Department of Agriculture. Handouts were provided. See attached.

Rep. Insko was recognized and asked why do we have a GAP certification process? Ms. Stephenson replied that farms are not required to have a GAP audit done that is at the request of the buyer.

Rep. Insko was recognized and asked if the audit systems are different or similar? Ms. Stephenson replied that most of the time it is who buys the product that requests the different types of audits.

Rep. Johnson was recognized and asked if it was a requirement that the apples be sliced and packaged in order to be a part of the farm to school program? Ms. Brooke replied that it was between the school and the farmer. Ms. Barnes replied that the Farm to School Program requires an Audit to be part of the Farm to School Program.

Rep. Insko was recognized and asked if the GAP certification for strawberries required that the strawberries be washed. Ms. Barnes replied that it was not a requirement for them not to be washed because they are more likely to mold.

Rep. Insko followed up and asked if the GAP certification required the workers to wash their hands before handling produce? Ms. Barnes replied yes that they had to wash their hands.

Rep. Johnson was recognized and asked how the research division integrated into the GAP and Farm to School Programs and are they working together? Ms. Barnes replied that the audit looks at that the entire system including green houses. The audit only applies to the part of the operations that you use

Rep. Insko was recognized and asked was the money for the water testing? Ms. Barnes replied that the water testing requirement is still in place and the money to help a farmer pay for the water testing is gone.

Representative LaRoque asked how long the process took to become GAP certified? Ms. Stephenson replied that the farm had to be in season and would take 2-3 weeks.

### **Small Farms and GAP Certification: Addressing On-the Ground Challenges**

Representative LaRoque recognized Roland McReynolds, Executive Director, Carolina Farm Stewardship Association. See attached presentation.

Representative Larry Brown was recognized for a question in the certification process regardless of the different audits are they asking the same questions? Mr. McReynolds replied yes.

Rep. Insko was recognized and asked if the standards for the Farm to School program were local or put in place by DPI. Mr. McReynolds replied that DPI put the standards in place.

Rep. Insko followed up by asking what the paper work is like for the farmers. Do they have to document everything? Mr. McReynolds replied that it is in an audit form and that there are certain records that must be kept.

Representative Insko was recognized for a question. She asked how the cantaloupes were contaminated. Mr. McReynolds replied that they were not using the proper machine and they were not being packed and cooled quickly enough and sanitation issues.

Rep. LaRoque asked where does the manure come from? Cows, chickens, pigs, etc? Mr. McReynolds replied that it depends on the farm and the farmer; however hog waste cannot be used.

Rep. Insko was recognized and she asked with all the regulations now: she does not remember people getting sick before we had all of the regulations. Mr. McReynolds

replied that that is true. The production process has created more chances of getting sick.

Representative R. Brown was recognized and she asked if the local government could add more standards on to the DPI requirements. Mr. McReynolds replied that he was not sure.

Rep. R. Brown was recognized for a follow up question. She asked how many pages is the audit. Mr. McReynolds replied that it was 8-10 pages depending upon the kind of farm and the size of the operation.

Rep. R. Brown was recognized again and she asked if it was the fees for the certification were per crop? Mr. McReynolds stated that it depends on when the crops are harvested. Each harvest has to be certified.

Rep. Insko was recognized and asked how do you accommodate the people who are doing a good job verses the ones that try to bend the rules? Mr. McReynolds replied that he agreed with her and wanted an adaptable tool that will help the farmers.

### **Healthy Active Children Policy Report**

Representative LaRoque recognized Paula Hildebrand, Chief Health and Community Relations Officer, DPI. Presentation provided see attached.

Rep. Insko was recognized and she asked for clarification on the 4th slide. Ms. Hildebrand said that half of the schools may have recess count for physical education. There is a variety of ways that they get the physical activity. She recognizes the disconnect between the slides.

Representative LaRoque recognized Judy Martino, from IsPOD to explain their findings in a hand out provide that contradicts the information provided by DPI. (See attached presentation.)

Ms. Hildebrand has the data from the LEA's. Ms. Martino explains that they collect data from the teachers and students and they include the exercise outside the schools.

Rep. R. Brown was recognized and asked why there is such a discrepancy. Ms. Hildebrand stated that it was funding and providing the equipment and staffing.

Rep. R. Brown asked why is it necessary to provide equipment. Ms. Hildebrand responded that what she described as physical activity.

Rep. R. Brown asked about the Youth Risk Behavior Survey and what that is. They are alcohol, drug, sexual activity, exercise, etc. They used the BMI and other factors to determine the obesity factors. Elementary schools are not included.

Rep. Insko asked if there was additional information since there is such a discrepancy and if the barriers are money in the poorer districts. Rep LaRoque replied that there are a few recommendations that staff has made and they would be provided with copies.

Rep. L. Brown was recognized and asked if the afterschool activities and community programs were being recorded. DPI does not include the afterschool, but the IsPOD does include it in their study. They receive the 30 min of physical activity during school.

Rep. L. Brown wanted to know if the question could be added to the survey. Ms. Hildebrand stated that they could add it to the survey.

Rep. Insko asked how much time kids spend in from to the TV. Ms. Hildebrand stated that they do have that data.

Ms. Hall was recognized from IsPOD. She stated that they do include the data in their program. They survey twice a year, which includes aerobic, sit-ups, push-ups, etc.

### **Child Nutrition Issues: A Local Perspective**

Representative LaRoque recognized Pam Smith, Child Nutrition Director. See attached presentation.

Rep. LaRoque recognized Rep. Insko. She asked in regards to indirect cost: does DPI determine which indirect costs are allowed. Ms. Smith replied that the indirect cost are determined by the district. Rep. Insko followed up by asking about the salads. Ms. Smith replied that they have started putting the salads on the line this year because they were selling so well. Now every child can have a salad. They had to switch a lot of fresh items to can goods because of cost.

Rep. Insko was recognized and asked if the child nutritionist meet and share ideas. Ms. Smith said that they meet regularly and share ideas.

Rep. LaRoque asked how long do you have for lunch and is that an issue. Ms. Smith replied that it is an issue and it also varies. It is usually around 15 minutes. Space is also an issue.

Rep. Johnson was recognized and made a comment that she feels that we have come a long way and promoting a lifestyle change. She asked about the 2006 deficit and then brought it up to a positive in 2010. Ms. Smith replied that out of the money that is raised by the cafeteria, she has to pay the salaries, benefits, equipment, and food. It all has to be paid up front. It is tough and she has to cut labor. They are a separate profit center. They also cut the plate cost and the procurement alliance that they are a part of helped.

Rep. Johnson asked if anyone in the district benefited from the equipment grant. Ms. Smith replied that yes, they did take advantage of the grant.

Rep. L. Brown was recognized and asked if the cafeteria manager was moved to the administration of the school. Rep. Insko replied that the recommendation had been made, but it had not happened. He then asked if we knew the cost to help each school get the equipment that was needed. Staff suggested that we have not received that information.

Rep. R. Brown was recognized and she asked if the schools track what the kids are eating and when did that start. Ms. Smith replied that Lenoir County has been doing it for 3 years. Parents can see if they received a plate and can check what a la carte items were purchased.

Rep. Brown was recognized and commented that she does not understand how the components work. Who makes the rules? Ms. Smith said that it is regulated by the Federal program. Rep. R. Brown does not understand the logic behind the components. She then asked about how much freezing capacity that she has. Ms. Smith replied that she does not have very much and depends on the school. She asked if fresh frozen would be better. Ms. Smith replied that yes it would be better, but it depends on the freezer space. Rep. Brown felt that the food is not edible. Ms. Smith replied that due to the federal guidelines they are unable to add any herbs or spices to enhance flavor.

### **Physical Education Success Stories**

Representative LaRoque introduced Dr. Patrick Miller, superintendent, Greene County Schools and Angie Miller, Healthy Living Coordinator, Nash-Rocky Mount Public school System. They shared their healthy living successes with the committee.

Ms. Johnson asked about having 2 physical education teachers and she wanted to know where the money came from. Mr. Miller replied that it was a school based decision and behavior referrals have gone down. They have had the teachers since 2006-07 school year. He will try to gather the data to show if the grades have increased. Staff is to help coordinate with Dr. Miller.

### **New Federal Child Nutrition Standards and Possible Local Impact**

Representative LaRoque introduced Lynn Harvey, Section Chief, child Nutrition Services, DPI. See attached presentation.

Rep. LaRoque asked if there was a reimbursement for breakfast. Ms. Harvey replied that there is not.

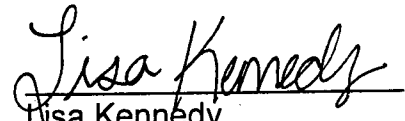
Representative Johnson asked how they stay within the guidelines and provide what is needed. Ms. Harvey replied that they should contact the nutrition director to address individual needs.

Rep. Insko asked if we are leaving any federal money on the table. Ms. Harvey replied that it was true for the breakfast. They have changed the law so that breakfast could be served in the classroom. DPI would like to see all children in the state have breakfast and lunch.

Rep. LaRoque passed out staff recommendations to draft legislation and announced that a committee notice will go out in regards to the next meeting.

The meeting adjourned at 1:00 p.m.

  
Representative Stephen LaRoque  
Presiding Chair

  
Lisa Kennedy  
Committee Clerk



**NORTH CAROLINA HOUSE OF REPRESENTATIVES  
COMMITTEE MEETING NOTICE  
AND  
2011-2012 SESSION**

You are hereby notified that the Committee on **House Select Committee on Childhood Obesity** will meet as follows:

**DAY & DATE:** Wednesday, April 25, 2012

**TIME:** 9:00 a.m.

**LOCATION:** 643 LOB

**COMMENTS:**

Respectfully,  
Representative LaRoque, Chair  
Representative Sanderson, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **12 PM** o'clock on **March 28, 2011**.

- Principal Clerk
- Reading Clerk – House Chamber

**Lisa Kennedy** (Committee Assistant)

## Corrected Notice

### NORTH CAROLINA HOUSE OF REPRESENTATIVES COMMITTEE MEETING NOTICE AND 2011-2012 SESSION

You are hereby notified that the Committee on **House Select Committee on Childhood Obesity** will meet as follows:

**DAY & DATE:** Wednesday, April 25, 2012  
**TIME:** 9:15 a.m.  
**LOCATION:** 643 LOB LOB  
**COMMENTS:** Time Change

Respectfully,  
Representative LaRoque, Chair  
Representative Sanderson, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **10 AM** o'clock on **April 24, 2011**.

- Principal Clerk
- Reading Clerk – House Chamber

**Lisa Kennedy** (Committee Assistant)



## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

---

### AGENDA

April 25, 2012

9:15 AM, Room 643, Legislative Office Building

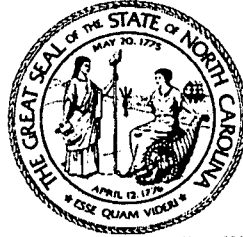
### WELCOME AND INTRODUCTION

Rep. Stephen LaRoque, Co-Chair

Rep. Norman Sanderson, Co-Chair

- **Adoption of Minutes**
- **Committee Report**
  - Review of Draft Report
  - Committee Discussion

**NORTH CAROLINA GENERAL ASSEMBLY**



---

**HOUSE SELECT COMMITTEE ON  
CHILDHOOD OBESITY**

---

**REPORT TO THE 2012  
REGULAR SESSION  
OF THE 2011  
GENERAL ASSEMBLY**

A LIMITED NUMBER OF COPIES OF THIS REPORT IS AVAILABLE  
FOR DISTRIBUTION THROUGH THE LEGISLATIVE LIBRARY.

ROOMS 2126, 2226  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27611  
TELEPHONE: (919) 733-7778

OR

ROOM 500  
LEGISLATIVE OFFICE BUILDING  
RALEIGH, NORTH CAROLINA 27603-5925  
TELEPHONE: (919) 733-9390

## TABLE OF CONTENTS

LETTER OF TRANSMITTAL.....	1
COMMITTEE MEMBERSHIP.....	2
AUTHORIZING LEGISLATION.....	4
COMMITTEE PROCEEDINGS.....	6
SUMMARY OF COMMITTEE PROCEEDINGS.....	9
COMMITTEE FINDINGS AND RECOMMENDATIONS.....	15
<u>LEGISLATIVE PROPOSAL I</u> – AN ACT TO APPROPRIATE FUNDS FOR THE CHILD NUTRITION PROGRAM TO ASSIST CHILD NUTRITION PROGRAMS IN MEETING NUTRITION STANDARDS, TO ELIMINATE THE REDUCED-PRICE BREAKFAST, AND TO SUPPORT THE COST OF ANY INCREASE REQUIRED BY THE STATE FOR CHILD NUTRITION PROGRAM PERSONNEL, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	22
<u>LEGISLATIVE PROPOSAL II</u> – AN ACT TO REDUCE CHILD NUTRITION PROGRAM FOOD COSTS BY ENCOURAGING PARTICIPATION IN THE NORTH CAROLINA PROCUREMENT ALLIANCE BY PROVIDING ADMINISTRATIVE SUPPORT, TO SAVE MONEY BY NO LONGER REQUIRING A SEPARATE BIDDING PROCESS FOR JUICE AND BOTTLED WATER, AND TO ENCOURAGE USE OF THE FARM TO SCHOOL PROGRAM AND THE CONSUMPTION OF LOCALLY GROWN FRUITS AND VEGETABLES, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	23
<u>LEGISLATIVE PROPOSAL III</u> – AN ACT TO DIRECT THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF PUBLIC INSTRUCTION TO DETERMINE OPTIMAL SEAT TIME FOR STUDENTS EATING MEALS IN PUBLIC SCHOOLS AND TO EXPLORE MEAL TIME OPTIONS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	25
<u>LEGISLATIVE PROPOSAL IV</u> – AN ACT TO WORK TOWARD DECREASING OBESITY IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPANTS BY INCREASING THEIR PARTICIPATION IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) AND MAKING FRESH, LOCALLY GROWN PRODUCE AVAILABLE BY INCREASING THE ACCEPTANCE OF ELECTRONIC BENEFITS TRANSFER (EBT) CARDS AT FARMERS MARKETS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	26
<u>LEGISLATIVE PROPOSAL V</u> – AN ACT TO CONTINUE THE WORK OF THE SUSTAINABLE LOCAL FOOD ADVISORY COUNCIL, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	27

LEGISLATIVE PROPOSAL VI – AN ACT TO ESTABLISH THE TASK FORCE ON PHYSICAL EDUCATION AND PHYSICAL ACTIVITY IN SCHOOLS AND TO DIRECT THE STATE BOARD OF EDUCATION TO COORDINATE A WORK GROUP TO EXAMINE THE CURRENT STATUS OF DATA COLLECTION FROM FITNESS TESTING CONDUCTED IN KINDERGARTEN THROUGH EIGHTH GRADE, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....28



STATE OF NORTH CAROLINA

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY



April 25, 2012

TO THE MEMBERS OF THE 2012 REGULAR SESSION OF THE 2011 GENERAL ASSEMBLY:

Attached for your consideration is the report to the 2012 Regular Session of the 2011 General Assembly. This report was prepared by the House Select Committee on Childhood Obesity pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

Respectfully submitted,

---

Representative Stephen LaRoque  
Cochair

---

Representative Norman Sanderson  
Cochair

---

# COMMITTEE MEMBERSHIP

---



## House Select Committee on Childhood Obesity

**Rep. Stephen LaRoque, Chair**

P. O. Box 1034  
Kinston, NC 28503  
[Stephen.LaRoque@ncleg.net](mailto:Stephen.LaRoque@ncleg.net)  
Office: (252) 523-7700  
Cell: (252) 560-3399

**Rep. Marcus Brandon**

200 Oak St., Apt. 3  
High Point, NC 27260  
[Marcus.Brandon@ncleg.net](mailto:Marcus.Brandon@ncleg.net)  
Office: (336) 987-3357  
Cell:

**Rep. Rayne Brown**

416 Lee Ave.  
Lexington, NC 27295  
[Rayne.Brown@ncleg.net](mailto:Rayne.Brown@ncleg.net)  
Office: (336) 249-2608  
Cell:

**Rep. Linda Johnson**

1205 Berkshire Dr.  
Kannapolis, NC 28081  
[Linda.Johnson2@ncleg.net](mailto:Linda.Johnson2@ncleg.net)  
Office: (704) 932-1376  
Cell:

**Rep. Garland Pierce**

21981 Buie St.  
Wagram, NC 28396  
[Garland.Pierce@ncleg.net](mailto:Garland.Pierce@ncleg.net)  
Office: (910) 369-2844  
Cell:

**Rep. Norman Sanderson, Chair**

269 Bennett Rd. #4  
Arapahoe, NC 28510  
[Norman.Sanderson@ncleg.net](mailto:Norman.Sanderson@ncleg.net)  
Office: (252) 249-3749  
Cell:

**Rep. Larry Brown**

P. O. Box 85  
Kernersville, NC 27285  
[Larry.Brown@ncleg.net](mailto:Larry.Brown@ncleg.net)  
Office: (336) 972-4256  
Cell:

**Rep. Verla Insko**

610 Surry Rd.  
Chapel Hill, NC 27514  
[Verla.Insko@ncleg.net](mailto:Verla.Insko@ncleg.net)  
Office:  
Cell:

**Rep. Chuck McGrady**

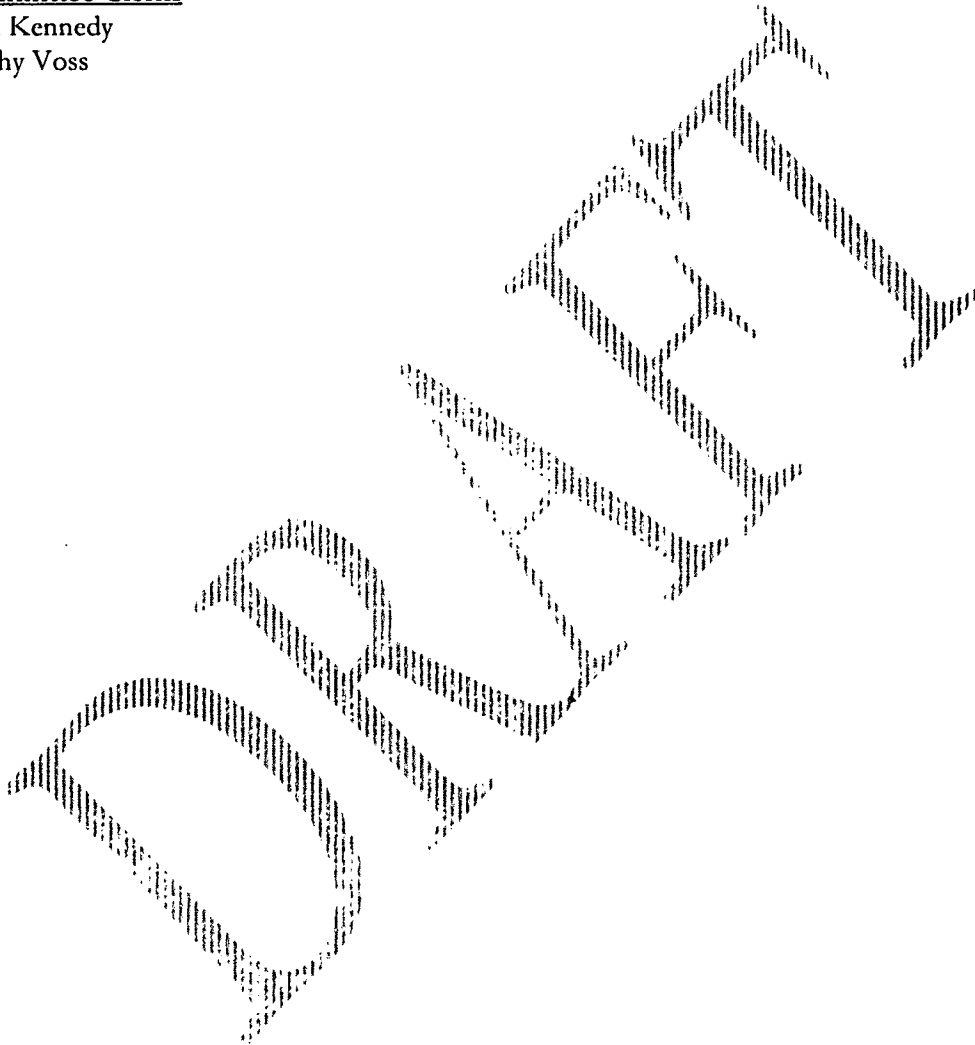
P. O. Box 723  
Hendersonville, NC 28793  
[Chuck.McGrady@ncleg.net](mailto:Chuck.McGrady@ncleg.net)  
Office: (828) 692-3696  
Cell:

**Staff**

Sara Kamprath, Research Division  
Patsy Pierce, Research Division  
Theresa Matula, Research Division  
Dee Atkinson, Research Division  
Lisa Wilks, Bill Drafting Division  
Lisa Hollowell, Fiscal Research Division  
Denise Thomas, Fiscal Research Division

**Committee Clerks**

Lisa Kennedy  
Kathy Voss



---

# AUTHORIZING LEGISLATION

---



Office of Speaker Thom Tillis  
North Carolina House of Representatives  
Raleigh, North Carolina 27601-1096

---

## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

### TO THE HONORABLE MEMBERS OF THE NORTH CAROLINA HOUSE OF REPRESENTATIVES

**Section 1.** The House Select Committee on Childhood Obesity (hereinafter "Committee") is established by the Speaker of the House of Representatives pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

**Section 2.** The Committee consists of the 9 members listed below, appointed by the Speaker of the House of Representatives. Members serve at the pleasure of the Speaker of the House of Representatives. The Speaker of the House of Representatives may dissolve the Committee at any time.

Representative Stephen LaRoque (co-chair)
Representative Norm Sanderson (co-chair)
Representative Larry Brown
Representative Linda Johnson
Representative Rayne Brown
Representative Chuck McGrady
Representative Verla Insko
Representative Marcus Brandon
Representative Garland Pierce

**Section 3.** The Committee shall study issues relating to childhood obesity. In the course of the study, the Committee may consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through the following:

- (1) Early childhood intervention.
- (2) Childcare facilities.
- (3) Before- and after-school programs.
- (4) Physical education and physical activity in schools.
- (5) Higher nutrition standards in schools.
- (6) Comprehensive nutrition education in schools.

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

(7) Increased access to recreational activities for children.

(8) Community initiatives and public awareness.

(9) Other means.

The Committee shall encourage input from public nonprofit organizations promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**Section 4.** The Committee shall meet upon the call of its Co-Chairs. A quorum of the Committee shall be a majority of its members.

**Section 5.** The Committee, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and Article 5A of Chapter 120 of the General Statutes.

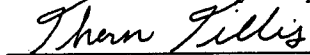
**Section 6.** Members of the Committee shall receive per diem, subsistence, and travel allowance as provided in G.S. 120-3.1.

**Section 7.** The expenses of the Committee including per diem, subsistence, travel allowances for Committee members, and contracts for professional or consultant services shall be paid upon the written approval of the Speaker of the House of Representatives pursuant to G.S. 120-32.02(c) and G.S. 120-35 from funds available to the House of Representatives for its operations.

**Section 8.** The Legislative Services Officer shall assign professional and clerical staff to assist the Committee in its work. The Director of Legislative Assistants of the House of Representatives shall assign clerical support staff to the Committee.

**Section 9.** The Committee may submit an interim report on the results of the study, including any proposed legislation, on or before May 1, 2012, by filing a copy of the report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee shall submit a final report on the results of its study, including any proposed legislation, to the members of the House of Representatives prior to the convening of the 2013 General Assembly by filing the final report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee terminates upon the convening of the 2013 General Assembly or upon the filing of its final report, whichever occurs first.

Effective this the 1st day of September, 2011.



Thom Tillis  
Speaker

---

# COMMITTEE PROCEEDINGS

---

The House Select Committee on Childhood Obesity met 5 times from November 10, 2011 until April 25, 2012.

November 10, 2011

## **Committee Authorization/Budget**

Sara Kamprath, Committee Staff

## **Enacted Legislation Related to Childhood Obesity (2008-2011)**

Theresa Matula, Committee Staff

## **Overview of the Problem of Childhood Obesity in North Carolina**

Dr. Joseph Skelton, MD, Section of Pediatric Gastroenterology and Nutrition  
Department of Pediatrics, Wake Forest University School of Medicine

## **Department of Public Instruction Activities**

### **Healthful Living Essential Standards**

Ellen Essick, Coordinated School Health Consultant  
NC Healthy Schools, DPI

## **Healthy Active Children Policy**

### **State Board of Education Policy Regarding Physical Activity in the Public Schools**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

## **Fitness Testing Guidelines: Implementation of HB 1757**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

## **IsPOD (In-School Prevention of Obesity and Disease)**

Judy Martino, Assistant Executive Director for Grants & Special Programs, NCAAHPERD

## **Physical Activity Initiatives for Early Childhood Programs**

Lori Rhew, MA, RAPHIS, Physical Activity Unit Manager

Physical Activity and Nutrition Branch

North Carolina Division of Public Health, Department of Health and Human Services

Alice Lenihan, MPH, RD, LDN, Branch Head

Nutrition Services Branch, North Carolina Division of Public Health, Department of Health and Human Services

Wendi Boggess, Family Relations Specialist

First Environments Early Learning Center

## **Middle School Sport Policies and Sport Participation**

Dr. Michael Kanters, Associate Professor

Department of Parks, Recreation & Tourism Management, NCSU

December 8, 2011

**S.L. 2010-117 (HB 1726), Improve Childcare Nutrition Standards**

Jani Kozlowski, Director's Office, Policy Unit Manager, Division of Child Development and Early Education

Alice Lenihan, Branch Head, Nutrition Services Branch, Division of Public Health

**School Nutrition Program**

Lynn Harvey, Section Chief, Child Nutrition Services, DPI

**NC General Assembly Program Evaluation Division**

**Child Nutrition Programs Study Report**

Carol Ripple, Principal Evaluator

**Fresh and Local Food in Communities**

Alice Ammerman, Director, Center for Health Promotion and Disease Prevention, UNC-CH

Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine, UNC-CH

January 12, 2012

**Eligibility for Food and Nutrition Services (FNS) Benefits**

David Locklear, Assistant Chief, Economic and Family Services Section, Department of Health and Human Services

**SNAP-Ed**

Veronica Bryant, SNAP-Ed Outreach Coordinator, Department of Health and Human Services

**North Carolina Farm to School Program**

Gary Gay, Food Distribution Division, Department of Agriculture and Consumer Services

**National Farm to School Network**

Laurie Stradley, State Lead for the National Farm to School Network

**North Carolina Sustainable Local Food Advisory Council Recommendations from 2011 Annual Report**

Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services

February 15, 2012

**Good Agricultural Practices (GAP) Certification as it Relates to Farm to School**

Heather Barnes, Farm to School, NC Department of Agriculture

Brooke Stephenson, Marketing Division, NC Department of Agriculture

**Small Farms and GAPs: Addressing On-the-Ground Challenges**

Roland McReynolds, Executive Director, Carolina Farm Stewardship Association

**Child Nutrition Issues: A Local Perspective**

Pam Smith, Child Nutrition Director, Lenoir County Schools

**Healthy Active Children Policy Report**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

**Physical Education Success Stories**

Dr. Patrick Miller, Superintendent, Greene County Schools

Angie Miller, Healthful Living Coordinator, Nash-Rocky Mount Public School System

**New Federal Child Nutrition Standards and Possible Local Impact**

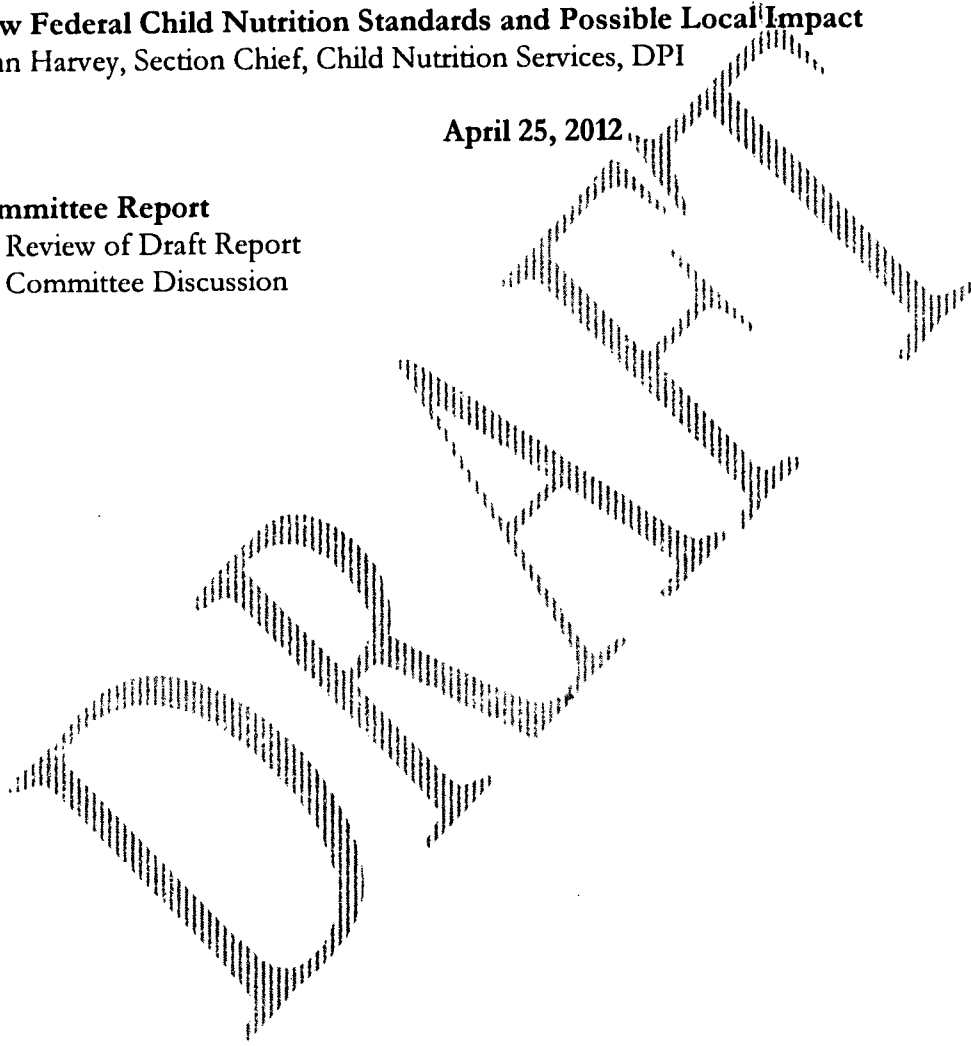
Lynn Harvey, Section Chief, Child Nutrition Services, DPI

April 25, 2012

**Committee Report**

Review of Draft Report

Committee Discussion



---

## SUMMARY OF COMMITTEE PROCEEDINGS

---

This section of the report provides a brief summary of the Committee meetings. It is not intended to be a complete, official record of those meetings. However, there is an official record of the Committee's meetings, including minutes and handouts distributed to the Committee members, in the Legislative Library.

November 10, 2011

Ms. Sara Kamprath, Legislative Analyst, Research Division, General Assembly reviewed the authorizing legislation and budget for the Committee.

Ms. Theresa Matula, Legislative Analyst, Research Division, General Assembly, reviewed enacted legislation from 2008 through 2011 related to childhood obesity to give Committee members context on what has happened and what may still need to be enacted to help to reduce childhood obesity.

Dr. Joseph Skelton, Pediatric Gastroenterology and Nutrition, Department of Pediatrics, Wake Forest University School of Medicine, gave an in-depth presentation on the epidemic of childhood obesity. He covered obesity trends since 1998 which indicate that nearly a third of children ages 10-17 years are overweight or obese. Dr. Skelton explained what it means to be overweight or obese and the causes of this epidemic. He cited the epidemic's major culprits are: increased serving sizes, sweetened beverages, and decreased activity levels. Dr. Skelton concluded his presentation with recommendations for decreasing the number of children who are overweight or obese. Some of the recommendations included behavioral therapy, and other child and family based approaches to changing behavior and habits.

Ms. Ellen Essick, School Health Consultant, NC Department of Public Instruction, presented an overview of the new Healthful Living Essential Standards which are included in the new Standard Course of Study for NC traditional public schools. The Healthful Living Essential Standards include learning benchmarks for kindergarten through 12<sup>th</sup> grade in mental and emotional health, personal and consumer health, interpersonal communication and relationships, nutrition and physical activity, and alcohol, tobacco and other drugs.

Ms. Paula Hudson Hildebrand, Chief Health and Community Relations Officer, Department of Public Instruction, provided an update of implementation of S.L. 2010-161 (HB 1757), Fitness Testing in Schools. She shared a document, Fitness Testing Guidelines, which has been adopted by the State Board of Education and is being implemented for the first time during the current school year, as directed in the Session Law.

Ms. Hildebrand continued her presentation by describing the State Board of Education policy on Healthy Active Children (GCS-S-000). The policy encourages elementary schools to provide 150 minutes per week of physical education provided by a certified PE teacher and middle schools to provide 225 minutes per week of Healthful Living Education provided by a certified health and PE teacher. The policy requires schools to provide a

minimum of 30 minutes of “moderate to vigorous physical activity” daily to all K-8 students. This time is supposed to compliment, not supplant, PE. The policy requires each school system to have a School Health Advisory Council, a coordinated school health program, and to prepare and submit to DPI annual reports on minutes of physical activity and PE received by each student. Ms. Hildebrand offered to present 2010-2011 findings of the annual report at a future Committee meeting.

Ms. Judy Marino, Assistant Director of the In-school Prevention of Obesity and Disease (IsPOD) program provided an overview of IsPOD’s goals and objectives including assessing and improving K-8 students’ overall fitness. IsPOD trains teachers to administer the FITNESSGRAM and to implement the SPARK fitness curriculum. IsPOD also surveys students and teachers twice per year regarding attitudes, behaviors and fitness levels.

Ms. Lori Rhew, Physical Activity Unit Manager, Physical Activity and Nutrition (PAN) Branch, DPH, DHHS described the PAN Branch’s mission, goals and activities to decrease childhood obesity and related chronic diseases. The PAN Branch is collaborating with the Department of Public Instruction and with the Division of Child Development and Early Education to help children choose to be involved in physical activity on a daily basis.

Ms. Alice Lenihan, Branch Head of the Nutrition Services Branch, DPH, DHHS, detailed outdoor time and physical activity requirements for infants, toddlers, and preschoolers attending licensed child care facilities. She also talked about the limited amount of “screen time” that is allowed and the Kids Eat Smart Move More program.

Ms. Wendi Boggess, Family Relations Specialist, First Environments Early Learning Center, shared a Power Point presentation showing photos of children at her child care center engaged in Kids Eat Smart Move More activities.

Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, North Carolina State University, recommended that the State Board of Education policy on interscholastic sports in grades 7-12 be changed to include 6<sup>th</sup> graders. Dr. Kanters also mentioned that children who participate in sports are more active than children who don’t participate in sports.

**December 8, 2011**

Ms. Jani Kozlowski, Policy Unit Manager, Division of Child Development and Early Education (DCDEE), described the new nutrition rules that the Child Care Commission had agreed upon on September 27, 2011. These rules are the result of S.L. 2010-117(HB 1726). Original rules to help reduce childhood obesity had been developed in August, 2010.

Ms. Alice Lenihan, Branch Head of the Nutrition Services Branch, DPH, DHSS, described the process of public hearings that had been used to gather input on the new nutrition standards. They also learned about what different localities are doing to help preschool children to be more active and to eat more healthy foods. Their Branch plans to work collaboratively with DCDEE to implement new nutrition standards.

Dr. Lynn Harvey, Section Chief, Child Nutrition Services, DPI presented a thorough overview of Federal Child Nutrition programs offered in each LEA and administered by DPI. She provided the history of the program along with current successes and challenges. Overall program costs are increasing and revenues are decreasing. Dr. Harvey concluded her presentation with information on food insecurity, or lack of nutritious food, which is being experienced by many children in North Carolina.

Dr. Carol Ripple, Principal Evaluator, Program Evaluation Division (PED), NCGA, gave a report on a study that the PED had completed on NC's Child Nutrition program. The major findings of that study included (i) program viability depends on a delicate balance of cost, nutritional value, and student participation; (ii) indirect costs challenge program solvency; and, (iii) NC does not supplement federal funding beyond the required match. The PED recommended that programs must be solvent, defined as having one month's operating balance, before LEAs can charge indirect costs and that the legislature should support the NC Procurement Alliance. The Procurement Alliance helps LEAs to buy food and products in bulk, and thus at lower rates.

Dr. Alice Ammerman, Professor, UNC-CH School of Public Health, presented information about a project that the School of Public Health is engaged in. This project promotes the creation and consumption of healthy foods at local events such as barbecue festivals. She also recommended supporting the Sustainable Local Food Advisory Council's report to increase the availability of locally-produced foods for SNAP participants.

**January 12, 2012**

Mr. David Locklear, Assistant Chief, Economic and Family Services, DHHS, explained eligibility criteria for, and allowable benefits of, the Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps.

Ms. Veronica Bryant, SNAP-Ed Outreach Coordinator, DHHS, explained what this program does. SNAP-Ed provides nutrition training and information to families who participate in SNAP to support them to make health food choices. SNAP-Ed also provides information on increasing SNAP participant physical activity as needed. Ms. Bryant provided a list of agencies who offer SNAP-Ed and a list of counties served by the agencies. She concluded her presentation with a description of SNAP-Ed partnerships and pilot projects including the NC Farmers' Markets.

Mr. Gary Gay from the Food Distribution Division in the Department of Agriculture and Consumer Service explained how the Farm to School program works. He provided information on what crops are available for schools to purchase during different times of the year. The NC Farm to School Program served approximately 1 million students and delivered over 1 million pounds of NC produce in 2010-11. He indicated that the major barriers to schools participating in the Farm to School program include lack of refrigeration space, staff to prepare fresh produce, and GAP certified farmers.

Ms. Laurie Stradley, the NC State Lead for the National Farm to School Network provided evidence that buying local foods is beneficial for health and economic reasons. She indicated that the components of a farm to school program includes more than just delivery

of fresh produce, but also includes field trips to farms, nutrition education and cooking in schools, and school gardens. Ms. Stradley concluded her presentation to with several recommendations to increase the number of schools and farms participating in the farm to school program.

Ms. Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services, gave the report form the NC Sustainable Local Food Advisory Council. In 2009, the General Assembly established the NC Sustainable Local Food Advisory Council. Article 70 of Chapter 106 of the North Carolina General Statutes creates, and provides the duties of, the Council but the Council is currently set to expire on July 31, 2012. In the Council's 2010 report, some of the recommendations related to reducing childhood obesity included supporting the Farm-to-School program, expanding SNAP-Ed, supporting WIC and EBT programs, increasing funding for school cafeterias, increasing local food purchases with SNAP, and getting whole farms to be GAP certified. The NC Sustainable Local Food Advisory Council is set to expire in 2012, but would like to have the expiration date amended so that they can continue to pursue some of the efforts they have begun.

**February 15, 2012**

Mr. Ronnie Wynne and Ms. Brooke Stephenson from the Marketing Division of the NC Department of Agriculture and Consumer Services provided an overview of how farms become GAP certified. GAP stands for Good Agricultural Practices and the certification process involves farms meeting a number of criteria and food safety procedures. Farms and packaging facilities are inspected and farm workers are observed and interviewed. GAP certification is voluntary and the type of certification is driven by the consumer of the farmer's products. The certification is used for safety, sanitation, and for marketing, e.g., a restaurant who advertises local produce from a GAP certified farm.

Ms. Heather Barnes, Marketing Director, NC Farm to School Program, indicated that DPI requires farms to be GAP certified before a school can buy produce from them.

Mr. Roland McReynolds, Carolina Farm Stewardship Association, further explained the GAP certification process, and the positive reasons for having the certification, but also the hardships placed on farmers going through this process. His group, working with the NC Fresh Produce Safety Task Force, found that the current GAP certification process is not well-suited for small-scale farms. They are developing an All-Farm GAP process pilot project to see if this alternative would be less costly and easier for small farms to complete. The project will produce a results report and guidance manual later this year.

Ms. Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI, gave the 2010-2011 Health Active Children Policy Report. According to data submitted to DPI by 95% of LEAs, 51% provide 150 minutes of weekly physical education (PE) with PE certified teachers to elementary school children and 52% provided 225 minutes of weekly Healthful Living coursework with certified health and PE teachers. She indicated that cost of certified teachers in these areas and equipment was hindering other school systems to meet these aspects of the Healthy Active Children Policy. Ms. Hildebrand included in her report the successes of the local school health advisory councils including a significant reduction in the use of exercise in schools as a punishment.

Representative LaRoque passed out a current report from the IsPOD which indicated that teachers and students report less involvement in physical education and activity. Ms. Judy Marino from IsPod and Ms. Hildebrand from DPI indicated that teacher and student perceptions from their individual schools and life experiences may be different from the reports sent to DPI which reflect physical education and activity on the whole across an LEA.

Ms. Pamela Smith, Child Nutrition Director, Lenoir County Schools, provided a local perspective on running a child nutrition program. She talked about how Lenoir County Schools had been running a significant deficit until they ended 25 positions through attrition, reduced the variety of items on the menu, and participated in the NC Procurement Alliance. Their Child Nutrition Program now does not pay indirect costs. She talked about introducing more fresh fruits and vegetables to all children who come through the cafeteria lines and that fresh salads had actually become a popular item with all of the children. She concluded her presentation with a description of how cashiers have to charge children based on different elements required by the USDA and how Lenoir County Schools uses lunchprepay.com that allows families to keep funds available for their child to use and know what foods their child purchases.

Dr. Patrick Miller, Superintendent, Greene County Schools, shared their "success story" in being able to meet the State Board of Education's Healthy Active Children policy. He said that they had prioritized their small system and low wealth system funds to hire certified PE teachers in each of their schools in 2006-2007. He said that they had seen a decrease in behavior referrals since being able to offer PE and/or "energizers" to all of their students on a daily basis.

Ms. Angie Miller, Healthful Living Coordinator, Nash-Rocky Mount Public Schools, presented their "success story" as they had also been able to meet the SBE policy of providing daily physical activity. Her school system partnered with the local hospital and YMCA to offer incentives such as water bottles and jump ropes to children when they walked a number of miles. Each student walks one per day with their teacher in this school system.

Dr. Lynn Harvey concluded this meeting by presenting the new federal nutrition standards which were mandated on January 26, 2012 with passage of the final rule on meal pattern and nutrition standards. Dr. Harvey explained the differences in the amounts of each component required by the USDA. More fruits, vegetables, and whole grains will be required. Reduced sodium, calories, and trans fat will also be required. The cost estimate of implementing the new nutrition standards is an estimated 10 cents for each lunch and 27 cents for each breakfast. The final rule states that "school districts will be required to make a substantial investment to improve the quality of school meals." As such, Dr. Harvey indicated that State and local governments will likely be expected to play a significant role in coming up with the funding for improved nutrition standards. Additionally, Dr. Harvey highlighted barriers to an optimal nutrition environment which supports obesity prevention including: inadequate funds; nutrition not valued as part of the instructional day; priority for the child nutrition program to be financially self-supporting; limited time and or space for students to eat meals at school; too little nutrition education; and student taste preferences. There will be a gradual implementation of the new nutrition standards over the next three years.

April 25, 2012

Dear Sirs,

---

# FINDINGS AND RECOMMENDATIONS

---

## Improving Child Nutrition Programs

**Recommendation 1:** The House Select Committee on Childhood Obesity recommends that the General Assembly appropriate

- \$20 million dollars for the 2012-13 fiscal year to the Department of Public Instruction to assist child nutrition programs in meeting nutrition standards.  
and/or
- \$1.7 million dollars for the 2012-13 fiscal year to the Department of Public Instruction to support the elimination of the reduced-price breakfast.  
and/or
- funds for the 2012-13 fiscal year to the Department of Public Instruction to support the cost of any increases in salaries and benefits required by the State for child nutrition personnel.

This recommendation is contained in bill draft 2011-TLz-16.

**Background 1:** The Program Evaluation Division report on December 8, 2011, indicated that 32 states supplement federal child nutrition funds. Some states have a recurring flat appropriation amount, some fund labor costs, and some provide meal reimbursements. The Department of Public Instruction indicated that since 2007, the State Board of Education has requested \$20 million annually to assist Child Nutrition programs in meeting nutrition standards. Following the Committee's March meeting, the Department of Public Instruction provided supplemental information indicating a cost of \$1.7 million dollars to eliminate the cost of a reduced-price breakfast for children who qualify for reduced-price meals.

**Recommendation 2:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction to work with school districts to decrease food costs and increase the use of locally grown fresh fruits and vegetables through 1) increased participation in the North Carolina Procurement Alliance and 2) increased participation in the Farm to School program, and to report progress on this recommendation or before November 1, 2013, to the Joint Legislative Education Oversight Committee. To support these initiatives the House Select Committee on Childhood Obesity recommends that the General Assembly appropriate \$80,000 for the 2012-13 fiscal year to the Department of Public Instruction to provide administrative support for the NC Procurement Alliance; and to appropriate \$5000 to the Department of Public Instruction for each school district, for a total of \$575,000 for the 2012-13 fiscal year, to purchase chopping/slicing devices, or other equipment, that would encourage the purchase and consumption of locally grown fresh fruits and vegetables in school food services.

This recommendation is contained in bill draft 2011-TLz-17.

**Background 2:** The Program Evaluation Division report on December 8, 2011, presented information on opportunities for child nutrition programs to save money when purchasing food and supplies through the North Carolina Procurement Alliance. The Division found that Members have realized an average savings of 6% on the purchase of food and supplies.

The Division recommended funding administrative support for the Procurement Alliance in the amount of \$80,000.

Following the Committee's March meeting, the Department of Public Instruction provided information indicating that 87 school districts currently participate in the Procurement Alliance. The Department funds a position to support the work of Alliance and the remaining support is provided through federal grants and the efforts of school district volunteers. The Department indicated that the funds provided to support the Procurement Alliance are not sufficient to enable the buying group to operate at an optimal level or to expand.

During meetings on January 12, 2012, and February 15, 2012, the Committee heard presentations on the North Carolina Farm to School Program coordinated by the North Carolina Department of Agriculture. The Farm to School program has been in operation for 15 years. Comments by the Committee members indicated that the purchase of locally grown produce from farmers and the consumption of this produce by school children was a win-win situation for North Carolina. However, some concerns were shared with the Committee that many school kitchens are not equipped to handle the preparation of fresh fruits and vegetables for consumption by children.

Following the Committee's March meeting, the Department of Public Instruction provided information on the need for funding to support the purchase of equipment that supports the use of fresh, locally-grown produce. Within in the last several years, districts did receive some federal funding for equipment purchases. However the equipment requests received totaled \$12.5 million, but the funding received was only \$3.2 million. Equipment needs include: pass-through refrigerators, refrigerated display cases, chopping/slicing devices, and walk-in coolers. The Department indicated that a vertical cutter mixer would cost approximately \$5,000 and could facilitate the use of fresh produce.

**Recommendation 3:** The House Select Committee on Childhood Obesity recommends that the General Assembly amend G.S. 143-64 to remove "local school administrative units" which is anticipated to save \$500,000 by removing the requirement that school districts procure juice and water separately from other foods and beverages.

This recommendation is contained in bill draft 2011-TLz-17.

**Background 3:** Following the Committee's March meeting, the Department of Public Instruction provided information indicating that G.S. 143-64 requires local school administrative units to competitively bid contracts for the sale of bottled water separately from each other and separately from any other contract. The Department reported that this requires school districts to procure juice and water separately from each other and from all other foods and beverages served in the school breakfast and lunch program and the approximate cost of this administrative burden exceeds \$500,000. The Department reported that since all purchases of foods and beverages in the child nutrition program are made in compliance with federal regulations. An amended version of G.S. 143-64 has been provided below.

**§ 143-64. Beverages contracts.**

Notwithstanding any other provision of law, ~~local school administrative units~~, community colleges, and constituent institutions of The University of North

Carolina shall competitively bid contracts that involve the sale of juice or bottled water. Contracts for the sale of juice and contracts for the sale of bottled water shall each be bid separately from each other and separately from any other contract, including contracts for other beverages or vending machine services. The ~~local school administrative units~~, community colleges, and constituent institutions may set quality standards for these beverages, and these standards may be used to accept or reject a bid.

**Recommendation 4:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the State Board of Education and the Department of Public Instruction to determine the optimal amount of seat time students need for breakfast and lunch and to explore innovative options for utilizing meal time as instructional time and to report on or before January 1, 2014, to the Joint Legislative Education Oversight Committee.

This recommendation is contained in bill draft 2011-TLz-18.

**Background 4:** On December 8, 2011, Child Nutrition Services reported the following breakfast participation levels: 37% in Elementary School, 19% in Middle School, 12% in High School. The following lunch participation levels were reported: 77% in Elementary School, 69% in Middle School, 42% in High School. According to information presented by the Department of Public Instruction, North Carolina has the tenth most food insecure student body in the nation and the fifth fattest student body in the nation. For some students a school breakfast and/or lunch may provide a significant portion of their daily food intake. Many studies have shown a link between decreased instructional outcomes when children are hungry. The Committee expressed concerns that all school students may not have adequate time to go through the cafeteria line and to eat breakfast and lunch. However, it is not clear how much time is appropriate. The Committee also expressed an awareness of the importance of instructional time. The Department mentioned several options that included "grab and go" meals, and other options which may include facilitating students eating breakfast in the classroom. A study would explore both the optimal seat time and innovative approaches to ensuring students have the opportunity to eat breakfast and lunch.

### **Increasing the Consumption of Healthy Food in Communities**

**Recommendation 5:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services to increase participation in Supplemental Nutrition Assistance Program Education (SNAP-Ed) and to report progress on or before October 1, 2013, to the Joint Legislative Oversight Committee on Health and Human Services.

This recommendation is contained in bill draft 2011-TLz-19.

**Background 5:** On December 8, 2011, the Division of Social Services, Department of Health and Human Services, presented information on Food and Nutrition Services and Supplemental Nutrition Assistance Program Education (SNAP-Ed). SNAP-Ed is an optional nutrition education and obesity prevention grant program that is 100% federally funded. The Division provided that the goals of SNAP-Ed include: healthy food choices within a limited budget, physically active lifestyles, and education on Dietary Guidelines for

Americans and MyPlate. The focus of the program is to encourage consumption of fruits, vegetables, whole grains, and fat free or low-fat milk instead of unhealthy alternatives. The program also encourages physical activity, caloric intake monitoring and drinking water instead of sugary drinks.

**Recommendation 6:** The House Select Committee on Childhood Obesity appreciates and supports efforts to assist farmers in becoming (Good Agricultural Practices) GAP certified in order to increase participation in the Farm to School program and to increase the availability, supply and consumption of healthy locally grown fruits and vegetables.

No legislation is necessary for this recommendation.

**Background 6:** During the meetings on January 12, 2012 and February 15, 2012, the Committee heard presentations on the Farm to School program and Good Agricultural Practices (GAP) certification for farmers. The Committee appreciates current and future efforts by the Department of Agriculture and the Carolina Farm Stewardship Association to assist farmers in obtaining GAP certification thereby increasing local farmer participation in the Farm to School program and public access to healthy fruits and vegetables.

**Recommendation 7:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services, the Department of Agriculture & Consumer Services to work toward increasing the number of farmers markets accepting SNAP (Supplemental Nutrition Assistance Program) EBT (Electronic Benefit Transfer) cards, to make the location of these markets known to SNAP recipients, and to report progress on this recommendation on or before March 1, 2013 and November 1, 2013, to the Joint Legislative Oversight Committee on Health and Human Services.

This recommendation is contained in bill draft 2011-TLz-19.

**Background 7:** During the December 8, 2011 meeting the Committee heard a presentation on SNAP and SNAP-Ed. The Committee also heard from Dr. Alice Ammerman, Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine Director, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, who presented information on SNAP-Ed and the economic case for local food. Dr. Ammerman presented Recommendation 13 from the Sustainable Local Food Advisory Council's 2011 report, which encouraged the SNAP-Ed Advisory Committee to work with the Council's subcommittee to consider a statewide coordinated approach to encourage the use of locally produced food by SNAP participants. The Committee is encouraged by the work thus far to increase the acceptance of SNAP EBT cards at farmers markets. Increasing acceptance of these cards will assist farmers and SNAP recipients by increasing consumption of locally fruits and vegetables.

**Recommendation 8:** The House Select Committee on Childhood Obesity recommends that the General Assembly continue the Sustainable Local Food Advisory Council until July 31, 2015.

This recommendation is contained in bill draft 2011-TLz-20.

**Background 8:** Session Law 2009-530 created the North Carolina Sustainable Local Food Advisory Council to address program and policy considerations regarding the development of a sustainable local food economy in North Carolina. The Council is set to expire on July 31, 2012. The Committee has heard from a number of groups that are involved with the Council and has benefited from information facilitated through the Council. The Council has requested continuation.

## **Increasing Physical Activity Among Children**

**Recommendation 9:** The House Select Committee on Childhood Obesity recommends that the General Assembly establish the Task Force on Physical Education and Physical Activity in Schools (Task Force) to examine strategies for increasing physical activity and quality physical education instruction in the public schools. In the course of the study, the Task Force shall consider and recommend to the General Assembly a strategic plan to:

- Increase the amount of time that K-8 students are engaged in daily moderate to vigorous physical activity.
- Increase the number of K-8 students that are receiving the amount of weekly physical education recommended by the State Board of Education.
- Provide adequate facilities, equipment, and licensed physical education instructors.
- Identify local and statewide funding sources, including potential public/private partnerships.
- Identify methods to provide and fund the collection of reliable data from fitness testing that can be used to monitor and improve student health.

The Task Force shall consider any recommendations that are received from the State Board of Education work group on fitness testing data and use. The Task Force shall also identify any other barriers to increasing physical activity and quality physical education instruction in the public schools and recommend any means to overcome those barriers. The Task Force shall include members of the North Carolina Senate and House of Representatives; representatives from the Department of Public Instruction; the Division of Public Health in the Department of Health and Human Services; and other interested stakeholders. The Task Force shall report interim progress on this recommendation on or before March 1, 2013 and shall provide a final report on or before March 15, 2014 to the Joint Legislative Education Oversight Committee.

This recommendation is contained in bill draft 2011-RJz-4.

**Background 9:** At the November 10 meeting, the Committee heard about the link between the amount of time that a child participated in daily activity and the child's grades in school. According to the Physical Activity and Nutrition Branch of DHHS, parents reported that 53% of children who spent over an hour in physical activity each day made mostly A's as compared to 42% of children who spent less than 20 minutes in physical activity each day made mostly A's.

Paula Hudson Hildebrand, Chief Health and Community Relations Officer for DPI, explained State Board of Education Policy HSP-S-000 that required schools to provide daily

a minimum of 30 minutes of moderate to vigorous physical activity to all K-8 students. The requirement can be met through a regular physical education class or through other activities such as recess, dance, classroom energizers, or other curriculum based physical education activity programs. This time should not substitute for the physical education program.

During the February 15, 2012 meeting, Ms. Hildebrand provided the results of a 2011 study on the percentage of local school administrative units (LEAs) that are meeting the requirements of this policy. DPI combined city and county LEAs for the purposes of this report and 106/112 (combined LEAs) provided data. Slightly over half (51%) of the reporting LEAs indicated that all of their elementary schools are meeting the suggested 150 minutes per week with a certified Physical Education teacher. Slightly over half (52%) of the reporting LEAs indicate that all of their middle schools are meeting the suggested 225 minutes per week of Healthful Living instruction taught by a certified Health and Physical Education teacher. Therefore, it appears that only about half of the State's school children are being provided with physical education by a certified PE teacher.

During the November 10<sup>th</sup> meeting, Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, NCSU, spoke on the importance of providing intramural opportunities for students who do not participate in interscholastic athletic competition. Dr. Kanters mentioned that children who participate in sports are more active than children who don't participate in sports. He pointed out that his research found that about 32,000 6<sup>th</sup> graders don't have access to any school sports. Dr. Kanters mentioned that this is important because when children don't participate in sports their motivation to participate later diminishes. His research found that intramural sports attract more students than interscholastic sports and that African American and low-income students are more likely to participate in sports in schools that have intramural sports programs. Dr. Kanters presented research indicating that 47% of schools offer some type of intramurals but that sometimes facilities sit empty but intramurals more effectively use buildings.

**Recommendation 10:** The House Select Committee on Childhood Obesity recommends that the General Assembly direct the State Board of Education to coordinate a work group to examine how to continue the collection of data from fitness testing currently conducted in the public schools, methods to ensure that the data is reliable, procedures to allow the data to be shared appropriately with State agencies in order to have a Statewide picture of fitness levels of students, and funding sources for these activities. The work group should include representatives from the Department of Public Instruction; the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance; the Division of Public Health in the Department of Health and Human Services; the American Heart Association; and other organizations and agencies deemed appropriate. The work group shall report to the Task Force on Physical Education and Physical Activity in Schools by June 30, 2013 on the results of its work.

This recommendation is contained in bill draft 2011-RJz-4.

**Background 10:** At the November 10 meeting, Paula Hudson Hildebrand, Chief Health and Community Relations Officer for DPI, explained about the new fitness testing guidelines for K-8 students developed by the State Board of Education as required by Session Law 2010-61. The new tests should measure aerobic capacity, body composition, muscular strength, muscular endurance and flexibility. At the same meeting, the Committee

heard that the Kate B. Reynolds grant funding that supports the efforts of the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NC AAHPERD) will end on July 31, 2010. Through the grant NCAAHPERD has collected data on the fitness levels of K-8 students.

Following the Committee's March meeting, the State Board and DPI provided information that DPI had lead the task force that initially developed the new fitness testing guidelines and would be the logical entity to lead this new task force.

### **Addressing Early Childhood Obesity**

**Recommendation 11:** The House Select Committee on Childhood Obesity recommends that North Carolina Institute of Medicine (NCIOM) present the findings and recommendations of the NCIOM Task Force on Early Childhood Obesity Prevention when those findings are available in 2013.

**No legislation is necessary for this recommendation.**

**Background 11:** The North Carolina Institute of Medicine (NCIOM) Task Force on Early Childhood Obesity Prevention is working to develop recommendations to address barriers and to ensure the availability of systems and services to improve young children, ages 0-5, and the physical and nutritional health of their families. According to information from the NCIOM, the Task Force is charged to:

- (1) examine evidence-based and promising practices from prior North Carolina related task forces, as well as from the White House and National Institute of Medicine Committee on Childhood Obesity Prevention, and
- (2) develop a strategic plan to prevent or reduce early childhood obesity in North Carolina that can serve as a blueprint for foundations, government, health professional associations, and other community groups interested in improving the health of young children, ages 0-5.

LEGISLATIVE PROPOSAL I

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-16 [v.5] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 11:43:17 AM

Short Title: Child Nutrition Appropriations. (Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE CHILD NUTRITION PROGRAM TO ASSIST CHILD NUTRITION PROGRAMS IN MEETING NUTRITION STANDARDS, TO ELIMINATE THE REDUCED-PRICE BREAKFAST, AND TO SUPPORT THE COST OF ANY INCREASE REQUIRED BY THE STATE FOR CHILD NUTRITION PROGRAM PERSONNEL, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.** There is appropriated from the General Fund to the Department of Public Instruction the sum of twenty million dollars (\$20,000,000) for the 2012-2013 fiscal year to be used for the child nutrition program in each local school administrative unit to meet nutrition standards.

**SECTION 2.** There is appropriated from the General Fund to the Department of Public Instruction the sum of one million seven hundred thousand dollars (\$1,700,000) for the 2012-2013 fiscal year to eliminate the cost of a reduced-price breakfast for children who qualify for reduced-priced meals in each local school administrative unit.

**SECTION 3.** There is appropriated from the General Fund to the Department of Public Instruction funds for the 2012-2013 fiscal year to offset the cost of any salary and benefit increases required by the State for child nutrition personnel in each local school administrative unit.

**SECTION 4.** This act becomes effective July 1, 2012.

LEGISLATIVE PROPOSAL II

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-17 [v.6] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/16/2012 12:37:17 PM

Short Title: Enhance Procurement/Farm to School.

(Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO REDUCE CHILD NUTRITION PROGRAM FOOD COSTS BY ENCOURAGING PARTICIPATION IN THE NORTH CAROLINA PROCUREMENT ALLIANCE BY PROVIDING ADMINISTRATIVE SUPPORT, TO SAVE MONEY BY NO LONGER REQUIRING A SEPARATE BIDDING PROCESS FOR JUICE AND BOTTLED WATER, AND TO ENCOURAGE USE OF THE FARM TO SCHOOL PROGRAM AND THE CONSUMPTION OF LOCALLY GROWN FRUITS AND VEGETABLES, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a).** The State Board of Education and the Department of Public Instruction shall work collaboratively with local boards of education and local school administrative units to (i) reduce the food costs through increased participation in the North Carolina Procurement Alliance and, (ii) increased participation in the North Carolina Procurement Alliance; and (iii) increase the use of locally grown fresh fruits and vegetables through increased participation in the Farm to School Program.

**SECTION 1.(b).** The State Board of Education and the Department of Public Instruction shall report of the progress of on this section by November 1, 2013 to the Joint Legislative Education Oversight Committee.

**SECTION 2.(a).** There is appropriated from the General Fund to the Department of Public Instruction the sum of eighty thousand dollars (\$80,000) for the 2012-2013 fiscal year to provide administrative support to the North Carolina Procurement Alliance.

**SECTION 2.(b).** There is appropriated from the General Fund to the Department of Public Instruction the sum of five hundred seventy-five thousand dollars (\$575,000) for the 2012-2013 fiscal year to provide each local school administrative district with a sum of five thousand dollars (\$5000) to purchase chopping and slicing devices, or other equipment, that would encourage the purchase by child nutrition

LEGISLATIVE PROPOSAL II

1 programs, and consumption by school children, of locally grown fresh fruits and  
2 vegetables.

3       **SECTION 3.** G.S. 143-64 reads as rewritten:

4       "**§ 143-64. Beverages contracts.**

5       ~~Notwithstanding any other provision of law, local school administrative units,~~  
6 ~~community colleges, and constituent institutions~~ Notwithstanding any other provision of  
7 the law, community colleges and constituent institutions of The University of North  
8 Carolina shall competitively bid contracts that involve the sale of juice or bottled water.  
9 Contracts for the sale of juice and contracts for the sale of bottled water shall each be  
10 bid separately from each other and separately from any other contract, including  
11 contracts for other beverages or vending machine services. ~~The local school~~  
12 ~~administrative units, community colleges,~~ Community Colleges and constituent  
13 institutions may set quality standards for these beverages, and these standards may be  
14 used to accept or reject a bid."

15       **SECTION 4.** This act becomes effective July 1, 2012.  
16

LEGISLATIVE PROPOSAL III

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-18 [v.3] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 11:48:42 AM

Short Title: School Meal Time.

(Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF PUBLIC INSTRUCTION TO DETERMINE OPTIMAL SEAT TIME FOR STUDENTS EATING MEALS IN PUBLIC SCHOOLS AND TO EXPLORE MEAL TIME OPTIONS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a).** In an effort to encourage students to have ample time and opportunities for meals, the State Board of Education and the Department of Public Instruction shall (i) determine the optimal amount of seat time students need for breakfast and lunch; and (ii) explore innovative options for utilizing meal time as instructional time.

**SECTION 1.(b).** The State Board of Education and the Department of Public Instruction shall report on the findings and recommendations related to this section to the Joint Legislative Education Oversight Committee on or before January 1, 2014.

**SECTION 2.** This act becomes effective when it becomes law.

LEGISLATIVE PROPOSAL IV

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-19 [v.4] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 1:22:24 PM

5

Short Title: Promote Local/Healthy Food.

(Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO WORK TOWARD DECREASING OBESITY IN SUPPLEMENTAL  
2 NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPANTS BY  
3 INCREASING THEIR PARTICIPATION IN SUPPLEMENTAL NUTRITION  
4 ASSISTANCE PROGRAM EDUCATION (SNAP-ED) AND MAKING FRESH,  
5 LOCALLY GROWN PRODUCE AVAILABLE BY INCREASING THE  
6 ACCEPTANCE OF ELECTRONIC BENEFITS TRANSFER (EBT) CARDS AT  
7 FARMERS MARKETS, AS RECOMMENDED BY THE HOUSE SELECT  
8 COMMITTEE ON CHILDHOOD OBESITY.  
9

10 The General Assembly of North Carolina enacts:

11 **SECTION 1.(a).** The Department of Health and Human Services shall  
12 increase the participation of eligible recipients in Supplemental Nutrition Assistance  
13 Program Education (SNAP-ED), which is an optional federal grant program that  
14 addresses nutrition education and obesity.

15 **SECTION 1.(b).** The Department of Health and Human Services shall report  
16 on the progress of this section by October 1, 2013 to the Joint Legislative Oversight  
17 Committee on Health and Human Services.

18 **SECTION 2.(a).** The Department of Agriculture and Consumer Services and  
19 the North Carolina Department of Health and Human Services shall work  
20 collaboratively to (i) increase the number of farmer's markets accepting Supplemental  
21 Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) cards; and (ii)  
22 make the location of these farmer's markets known to program recipients.

23 **SECTION 2.(b).** The Department of Agriculture and Consumer Services and  
24 the Department of Health and Human Services shall make an interim report by March 1,  
25 2013 and a final report by November 1, 2013 to the to the Joint Legislative Oversight  
26 Committee on Health and Human Services.

27 **SECTION 3.** This act becomes effective when it becomes law.

LEGISLATIVE PROPOSAL V

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-20 [v.1] (04/16)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 1:15:31 PM

Short Title: Continue the Sustainable Local Food Advisory (Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO CONTINUE THE WORK OF THE SUSTAINABLE LOCAL FOOD  
ADVISORY COUNCIL, AS RECOMMENDED BY THE HOUSE SELECT  
COMMITTEE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a).** The North Carolina Sustainable Local Food Advisory  
Council, as established by Session Law 2009-530, shall continue to contribute to a local  
food economy by considering and developing policies related to North Carolina's  
agricultural sector and economic development as provided under G.S. 106-830.

**SECTION 1.(b).** Section 4 of Session Law 2009-530 reads as rewritten:  
"This act is effective when it becomes law and shall expire on July 31, 20122015."

**SECTION 2:** This act is effective when it becomes law.

LEGISLATIVE PROPOSAL VI

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

7

H

D

BILL DRAFT 2011-RJz-4 [v.8] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/20/2012 11:14:33 AM

Short Title: Task Force & Work Group on PE and Fitness. (Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED  
AN ACT TO ESTABLISH THE TASK FORCE ON PHYSICAL EDUCATION AND  
PHYSICAL ACTIVITY IN SCHOOLS AND TO DIRECT THE STATE BOARD  
OF EDUCATION TO COORDINATE A WORK GROUP TO EXAMINE THE  
CURRENT STATUS OF DATA COLLECTION FROM FITNESS TESTING  
CONDUCTED IN KINDERGARTEN THROUGH EIGHTH GRADE, AS  
RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD  
OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** There is established the Task Force on Physical Education  
and Physical Activity in Schools (Task Force).

**SECTION 1.(b)** The Task Force shall consist of 16 members appointed as  
follows:

- (1) Eight members appointed by the President Pro Tempore of the Senate,  
to include:
  - a. Three members of the Senate, with one designated to serve as a  
cochair.
  - b. A local school administrator, as recommended by the North  
Carolina Association of School Administrators.
  - c. A representative from a public nonprofit organization promoting  
healthy lifestyles for children, addressing the problems related to  
childhood obesity, and increasing physical activity among children,  
as recommended by the North Carolina Alliance for Health.
  - d. A physician who specializes in the treatment of childhood obesity,  
as recommended by the North Carolina Academy of Family  
Physicians.
  - e. A representative of the Department of Public Instruction.

LEGISLATIVE PROPOSAL VI

1 f. A representative of the Division of Public Health of the  
2 Department of Health and Human Resources.

3 (2) Eight members appointed by the Speaker of the House of  
4 Representatives, to include:

5 a. Three members of the House of Representatives, with one  
6 designated to serve as a cochair.

7 b. A local school board member, as recommended by the North  
8 Carolina School Boards Association.

9 c. A local elected official, as recommended by the North Carolina  
10 Association of County Commissioners.

11 d. A physical education specialist, as recommended by the North  
12 Carolina Alliance for Athletics, Health, Physical Education,  
13 Recreation and Dance.

14 e. A representative of the State Board of Education.

15 f. A representative from the North Carolina Association of Educators.

16 Recommendations for Task Force members shall be submitted to the  
17 appointing authority 30 days after enactment of this act. Vacancies on the Task Force  
18 shall be filled by the same appointing authority making the initial appointment. A  
19 quorum of the Task Force shall be a majority of its members.

20 **SECTION 1.(c)** The Task Force shall examine issues relating to physical  
21 education, physical activity, and fitness testing data collection in the schools. In the  
22 course of the study, the Task Force shall consider and recommend to the General  
23 Assembly a strategic plan, including implementation dates, that provides:

24 (1) Physical education for every student in kindergarten through eighth  
25 grade for the entire school year, including students with disabilities  
26 and those in alternative education programs. Students in the  
27 elementary schools shall participate in physical education for at least  
28 150 minutes during each school week, and students in middle school  
29 shall participate for at least 225 minutes during each school week.

30 (2) A physical education curriculum consistent with the National  
31 Association of Sports and Physical Education (NASPE) standards. The  
32 planned instructional program with specific objectives shall be  
33 delivered by a licensed instructor.

34 (3) Methods to provide cost-effective and adequate spaces, facilities,  
35 equipment, supplies, and operating budgets necessary to achieve the  
36 objectives of the physical education program.

37 (4) A list of possible funding sources, including potential private-public  
38 partnerships, to provide long-term sustainability for physical education  
39 in schools.

40 (5) Methods to increase the amount of time that students in kindergarten  
41 through eighth grade are engaged in daily moderate to vigorous  
42 physical activity outside of physical education.

LEGISLATIVE PROPOSAL VI

1 (6) Methods to collect and analyze fitness testing data in order to monitor  
2 student fitness levels over time based on recommendations from the  
3 work group.

4 (7) Any other issue that the Task Force considers relevant to its charge.

5 **SECTION 1.(d)** Members of the Task Force shall receive per diem,  
6 subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as  
7 appropriate. The Task Force, while in the discharge of its official duties, may exercise  
8 all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4.  
9 The Task Force may meet at any time upon the joint call of the cochairs. The Task  
10 Force may meet in the Legislative Building or the Legislative Office Building.

11 With approval of the Legislative Services Commission, the Legislative  
12 Services Officer shall assign professional staff to assist the Task Force in its work. The  
13 House of Representatives' and the Senate's Directors of Legislative Assistants shall  
14 assign clerical staff to the Task Force, and the expenses relating to the clerical  
15 employees shall be borne by the Task Force. The Task Force may contract for  
16 professional, clerical, or consultant services as provided by G.S. 120-32.02. If the Task  
17 Force hires a consultant, the consultant shall not be a State employee, or a person  
18 currently under contract with the State to provide services.

19 All State departments and agencies and local governments and their  
20 subdivisions shall furnish the Task Force with any information in their possession or  
21 available to them.

22 **SECTION 1.(e)** The Task Force shall submit an interim report to the 2013  
23 Regular Session of the 2013 General Assembly on or before January 15, 2013, and  
24 submit a final report of the results of its study and its recommendations to the 2014  
25 Regular Session of the 2013 General Assembly on or before May 1, 2014. The Task  
26 Force shall terminate on May 15, 2014, or upon the filing of its final report, whichever  
27 occurs first.

28 **SECTION 2.(a)** The State Board of Education shall coordinate a work group  
29 to examine the current status of data collection from the fitness testing conducted in  
30 kindergarten through eighth grade. The work group shall focus on methods to (i) collect  
31 reliable data from the fitness testing; (ii) appropriately share the data among State  
32 agencies; (iii) monitor fitness levels of students over time; and (iv) identify possible  
33 funding sources that will provide long-term sustainability for data collection activities.

34 **SECTION 2.(b)** The workgroup shall include representatives from the  
35 Department of Public Instruction; the Division of Public Health, Department of Health  
36 and Human Services; the North Carolina Alliance for Athletics, Health, Physical  
37 Education, Recreation, and Dance; the American Heart Association; and other interested  
38 stakeholders.

39 **SECTION 2.(c)** The work group shall report its findings and  
40 recommendations to the Task Force on Physical Education and Physical Activity in  
41 Schools by June 30, 2013.

42 **SECTION 3.** This act is effective when it becomes law.  
43

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-17 [v.7] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/25/2012 8:43:08 AM

Short Title: Enhance Procurement/Farm to School.

(Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO REDUCE CHILD NUTRITION PROGRAM FOOD COSTS BY  
2 ENCOURAGING PARTICIPATION IN THE NORTH CAROLINA PROCUREMENT  
3 ALLIANCE BY PROVIDING ADMINISTRATIVE SUPPORT, TO SAVE MONEY BY  
4 NO LONGER REQUIRING A SEPARATE BIDDING PROCESS FOR JUICE AND  
5 BOTTLED WATER, AND TO ENCOURAGE USE OF THE FARM TO SCHOOL  
6 PROGRAM AND THE CONSUMPTION OF LOCALLY GROWN FRUITS AND  
7 VEGETABLES, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON  
8 CHILDHOOD OBESITY.  
9

10 The General Assembly of North Carolina enacts:

11 **SECTION 1.(a).** The State Board of Education and the Department of Public  
12 Instruction shall work collaboratively with local boards of education and local school  
13 administrative units to (i) reduce the food costs through increased participation in the North  
14 Carolina Procurement Alliance and; (ii) increase the use of locally grown fresh fruits and  
15 vegetables through increased participation in the Farm to School Program.

16 **SECTION 1.(b).** The State Board of Education and the Department of Public  
17 Instruction shall report on the progress of this section on or before November 1, 2013 to the  
18 Joint Legislative Education Oversight Committee.

19 **SECTION 2.(a).** There is appropriated from the General Fund to the Department of  
20 Public Instruction the sum of eighty thousand dollars (\$80,000) for the 2012-2013 fiscal year to  
21 provide administrative support to the North Carolina Procurement Alliance.

22 **SECTION 2.(b).** There is appropriated from the General Fund to the Department of  
23 Public Instruction the sum of five hundred seventy-five thousand dollars (\$575,000) for the  
24 2012-2013 fiscal year to provide each local school administrative district with a sum of five  
25 thousand dollars (\$5000) to purchase chopping and slicing devices, or other equipment, that  
26 would encourage the purchase by child nutrition programs, and consumption by school  
27 children, of locally grown fresh fruits and vegetables.

28 **SECTION 3.** G.S. 143-64 reads as rewritten:

29 **"§ 143-64. Beverages contracts.**

30 ~~Notwithstanding any other provision of law, local school administrative units, community~~  
31 ~~colleges, and constituent institutions~~ Notwithstanding any other provision of the law,  
32 community colleges and constituent institutions of The University of North Carolina shall  
33 competitively bid contracts that involve the sale of juice or bottled water. Contracts for the sale



1 of juice and contracts for the sale of bottled water shall each be bid separately from each other  
2 and separately from any other contract, including contracts for other beverages or vending  
3 machine services. ~~The local school administrative units, community colleges, Community~~  
4 Colleges and constituent institutions may set quality standards for these beverages, and these  
5 standards may be used to accept or reject a bid."

6 **SECTION 4.** This act becomes effective July 1, 2012.

## **Minutes**

### **House Select Committee on Childhood Obesity**

Wednesday, April 25, 2012

9:15 a.m.

Room 643, Legislative Office Building

The House Select Committee on Childhood Obesity met on Wednesday, April 25, 2012 at 9:15 a.m. in Room 643 of the Legislative Office Building. Representative LaRoque and Sanderson Chairman, Representatives, R. Brown, Insko, McGrady, and Pierce attended.

Representative Sanderson presided. He welcomed the committee and recognized Sergeant at Arms and staff.

Representative Sanderson asked for a motion to accept the minutes. Representative McGrady moved to approve the minutes. Vote was called and motion was passed. The minutes were adopted.

## **Presentations**

### **Committee Report**

Representative Sanderson recognized Theresa Matula and Sara Kamprath Legislative Analyst from Research to explain the committee report. See attachment.

There was discussion and debate on the report.

Rep. Insko wanted to clarify that in recommendation number one, second bullet point, that we are not eliminating the free breakfast. We are eliminating the cost of the reduced breakfast for children to increase the participation in the reduced-cost breakfast. Rep. R. Brown also agreed that the clarification was needed. Lynn Harvey, DPI was recognized and she confirmed that they are trying to increase the breakfast participation to 70% to match the lunch program. Rep. Sanderson asked who it would eliminate. Lynn Harvey said that it would eliminate the second tier. Rep. Insko asked that the 3 bullet points to be 3 separate bills in order for the legislation to move forward. Rep. Brown was then recognized. She questioned the second bullet point. She feels that by eliminating the cost of \$0.30 per student, that it may not increase the participation into the breakfast program. She asked that her comment be noted.

Rep. Insko motioned that we divide the 3 bullet points into 3 separate bills. Vote was called and motion passed.

Rep. LaRoque motioned that the 3 bills be submitted by the committee. Vote was called and motion passed.

Rep. Sanderson recognized Rep Insko and asked how many schools participated in the procurement alliance in recommendation number 2. Ms. Matula responded 80. The recommendation will provided \$5,000 to purchase a chopping/ slicing machine for each district. Rep. Insko how the other money will be used? Ms. Harvey responded that it is for the administration cost. Rep. R. Brown felt that the money to fund the cost for the equipment is not adequate to the needs of the school. Rep. LaRoque asked how much money will be saved by using the procurement program. Ms. Harvey responded that for every dollar put in the program \$6.00 would be saved. Rep LaRoque asked if we knew how many school had the capacity to store the foods after being prepared. Ms. Harvey feels that every school has the ability. Rep. LaRoque wanted to know if it would be better to make the funds be competitively. Ms. Harvey would like it to be available to the school that can use it.

Rep. Sanderson recognized Rep. Insko. She moved that the recommendation be divided into two parts. Vote was called and motion passed.

Rep. LaRoque moved for a motion to vote on recommendation number 3 and 4. Vote was called and motion passed.

Sara Kamprath began with recommendation number 5.

There was no legislation attached to the recommendation.

Ms. Kamprath discussed recommendations 6 and 7. Rep. Insko motioned for and adoption the legislation. Vote was called and the motion passed.

Ms. Kamprath discussed recommendation number 8. Rep. Sanderson recognized Rep. McGrady. He made a motion to adopt the resolution. Vote was called and the motion passed.

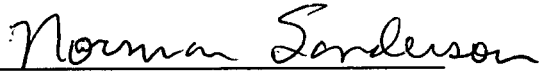
Ms. Kamprath discussed recommendation number 9. Rep. LaRoque motioned to adopt the legislation. Vote was called and the motion passed. A few technical corrections were recommended by the committee and a PE teacher and a teacher were added to the committee.

The Committee on Childhood Obesity also recognized that this legislation is only the beginning to touch on this issue and recommends that the committee remain standing.

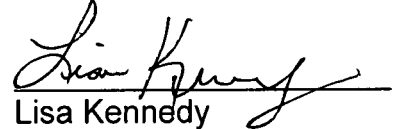
Representative Sanderson asked for a motion to accept the minutes. Representative McGrady moved to approve the minutes. Vote was called and motion was passed. The minutes were adopted.

The Committee on Childhood Obesity also recognized that this legislation is only the beginning to touch on this issue and recommends that the committee remain standing.

The meeting adjourned at 10:45 a.m.



Representative Norman Sanderson  
Presiding Chair



Lisa Kennedy  
Committee Clerk

Rep. LaRoque

STATE OF NORTH CAROLINA

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY




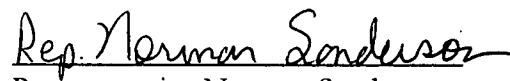
April 25, 2012

TO THE MEMBERS OF THE 2012 REGULAR SESSION OF THE 2011 GENERAL ASSEMBLY:

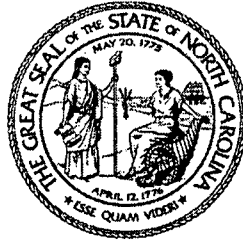
Attached for your consideration is the report to the 2012 Regular Session of the 2011 General Assembly. This report was prepared by the House Select Committee on Childhood Obesity pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

Respectfully submitted,

  
Representative Stephen LaRoque  
Cochair

  
Representative Norman Sanderson  
Cochair

**NORTH CAROLINA GENERAL ASSEMBLY**



---

**HOUSE SELECT COMMITTEE ON  
CHILDHOOD OBESITY**

---

**REPORT TO THE 2012  
REGULAR SESSION  
OF THE 2011  
GENERAL ASSEMBLY**

A LIMITED NUMBER OF COPIES OF THIS REPORT IS AVAILABLE  
FOR DISTRIBUTION THROUGH THE LEGISLATIVE LIBRARY.

ROOMS 2126, 2226  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27611  
TELEPHONE: (919) 733-7778

OR

ROOM 500  
LEGISLATIVE OFFICE BUILDING  
RALEIGH, NORTH CAROLINA 27603-5925  
TELEPHONE: (919) 733-9390

## TABLE OF CONTENTS

LETTER OF TRANSMITTAL.....	1
COMMITTEE MEMBERSHIP .....	2
AUTHORIZING LEGISLATION.....	4
OVERVIEW OF COMMITTEE PRESENTATIONS.....	6
SUMMARY OF COMMITTEE PROCEEDINGS.....	9
COMMITTEE FINDINGS AND RECOMMENDATIONS.....	15
<u>LEGISLATIVE PROPOSAL I</u> – AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC INSTRUCTION FOR THE CHILD NUTRITION PROGRAM TO ASSIST CHILD NUTRITION PROGRAMS IN MEETING NUTRITION STANDARDS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	22
<u>LEGISLATIVE PROPOSAL II</u> – AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC INSTRUCTION FOR THE CHILD NUTRITION PROGRAM TO ELIMINATE THE STUDENT COST FOR REDUCED-PRICE BREAKFAST IN ORDER TO INCREASE BREAKFAST PARTICIPATION, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	23
<u>LEGISLATIVE PROPOSAL III</u> – AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC INSTRUCTION TO OFFSET THE COST OF SALARY AND BENEFIT INCREASES REQUIRED BY THE STATE FOR CHILD NUTRITION PERSONNEL IN LOCAL SCHOOL ADMINISTRATIVE UNITS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.....	24
<u>LEGISLATIVE PROPOSAL IV</u> – AN ACT TO REDUCE CHILD NUTRITION PROGRAM FOOD COSTS BY ENCOURAGING PARTICIPATION IN THE NORTH CAROLINA PROCUREMENT ALLIANCE AND BY APPROPRIATING FUNDS FOR ADMINISTRATIVE SUPPORT FOR THE PROCUREMENT ALLIANCE; AND ENCOURAGING USE OF THE FARM TO SCHOOL PROGRAM AND BY APPROPRIATING FUNDS FOR CHILD NUTRITION EQUIPMENT TO ENCOURAGE CONSUMPTION OF LOCALLY GROWN FRUITS AND VEGETABLES, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY .....	25
<u>LEGISLATIVE PROPOSAL V</u> – AN ACT TO SAVE MONEY BY REMOVING LOCAL SCHOOL ADMINISTRATIVE UNITS FROM THE SEPARATE BID REQUIREMENTS FOR JUICE AND WATER, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY .....	27

LEGISLATIVE PROPOSAL VI – AN ACT TO DIRECT THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF PUBLIC INSTRUCTION TO DETERMINE OPTIMAL SEAT TIME FOR STUDENTS EATING MEALS IN PUBLIC SCHOOLS AND TO EXPLORE MEAL TIME OPTIONS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY .....28

LEGISLATIVE PROPOSAL VII – AN ACT TO WORK TOWARD DECREASING OBESITY IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPANTS BY INCREASING THEIR PARTICIPATION IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) AND MAKING FRESH, LOCALLY GROWN PRODUCE AVAILABLE BY INCREASING THE ACCEPTANCE OF ELECTRONIC BENEFITS TRANSFER (EBT) CARDS AT FARMERS MARKETS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY..... 29

LEGISLATIVE PROPOSAL VIII – AN ACT TO CONTINUE THE WORK OF THE SUSTAINABLE LOCAL FOOD ADVISORY COUNCIL, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY ..... 30

LEGISLATIVE PROPOSAL IX – AN ACT TO ESTABLISH THE TASK FORCE ON PHYSICAL EDUCATION AND PHYSICAL ACTIVITY IN SCHOOLS AND TO DIRECT THE STATE BOARD OF EDUCATION TO COORDINATE A WORK GROUP TO EXAMINE THE CURRENT STATUS OF DATA COLLECTION FROM FITNESS TESTING CONDUCTED IN KINDERGARTEN THROUGH EIGHTH GRADE, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY ..... 31

STATE OF NORTH CAROLINA

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY




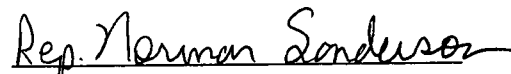
April 25, 2012

TO THE MEMBERS OF THE 2012 REGULAR SESSION OF THE 2011 GENERAL ASSEMBLY:

Attached for your consideration is the report to the 2012 Regular Session of the 2011 General Assembly. This report was prepared by the House Select Committee on Childhood Obesity pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

Respectfully submitted,

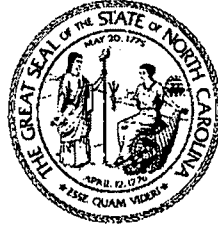
  
Representative Stephen LaRoque  
Cochair

  
Representative Norman Sanderson  
Cochair

---

# COMMITTEE MEMBERSHIP

---



## House Select Committee on Childhood Obesity

**Rep. Stephen LaRoque, Chair**

P. O. Box 1034  
Kinston, NC 28503  
[Stephen.LaRoque@ncleg.net](mailto:Stephen.LaRoque@ncleg.net)  
Office: (252)523-7700  
Cell: (252) 560-3399

**Rep. Marcus Brandon**

200 Oak St., Apt. 3  
High Point, NC 27260  
[Marcus.Brandon@ncleg.net](mailto:Marcus.Brandon@ncleg.net)  
Office: (336) 987-3357  
Cell:

**Rep. Rayne Brown**

416 Lee Ave.  
Lexington, NC 27295  
[Rayne.Brown@ncleg.net](mailto:Rayne.Brown@ncleg.net)  
Office: (336) 249-2608  
Cell:

**Rep. Linda Johnson**

1205 Berkshire Dr  
Kannapolis, NC 28081  
[Linda.Johnson2@ncleg.net](mailto:Linda.Johnson2@ncleg.net)  
Office: (704) 932-1376  
Cell:

**Rep. Garland Pierce**

21981 Buie St.  
Wagram, NC 28396  
[Garland.Pierce@ncleg.net](mailto:Garland.Pierce@ncleg.net)  
Office: (910) 369-2844  
Cell:

**Rep. Norman Sanderson, Chair**

269 Bennett Rd. #4  
Arapahoe, NC 28510  
[Norman.Sanderson@ncleg.net](mailto:Norman.Sanderson@ncleg.net)  
Office: (252) 249-3749  
Cell:

**Rep. Larry Brown**

P.O. Box 85  
Kernersville, NC 27285  
[Larry.Brown@ncleg.net](mailto:Larry.Brown@ncleg.net)  
Office: (336) 972-4256  
Cell:

**Rep. Verla Insko**

610 Surry Rd.  
Chapel Hill, NC 27514  
[Verla.Insko@ncleg.net](mailto:Verla.Insko@ncleg.net)  
Office:  
Cell:

**Rep. Chuck McGrady**

P. O. Box 723  
Hendersonville, NC 28793  
[Chuck.McGrady@ncleg.net](mailto:Chuck.McGrady@ncleg.net)  
Office: (828) 692-3696  
Cell:

**Staff**

Sara Kamprath, Research Division  
Patsy Pierce, Research Division  
Theresa Matula, Research Division  
Dee Atkinson, Research Division  
Lisa Wilks, Bill Drafting Division  
Lisa Hollowell, Fiscal Research Division  
Denise Thomas, Fiscal Research Division

**Committee Clerks**

Lisa Kennedy  
Kathy Voss

---

# AUTHORIZING LEGISLATION

---



Office of Speaker Thom Tillis  
North Carolina House of Representatives  
Raleigh, North Carolina 27601-1096

---

## HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

### TO THE HONORABLE MEMBERS OF THE NORTH CAROLINA HOUSE OF REPRESENTATIVES

**Section 1.** The House Select Committee on Childhood Obesity (hereinafter "Committee") is established by the Speaker of the House of Representatives pursuant to G.S. 120-19.6(a1) and Rule 26 of the Rules of the House of Representatives of the 2011 General Assembly.

**Section 2.** The Committee consists of the 9 members listed below, appointed by the Speaker of the House of Representatives. Members serve at the pleasure of the Speaker of the House of Representatives. The Speaker of the House of Representatives may dissolve the Committee at any time.

Representative Stephen LaRoque (co-chair)
Representative Norm Sanderson (co-chair)
Representative Larry Brown
Representative Linda Johnson
Representative Rayne Brown
Representative Chuck McGrady
Representative Verla Insko
Representative Marcus Brandon
Representative Garland Pierce

**Section 3.** The Committee shall study issues relating to childhood obesity. In the course of the study, the Committee may consider and recommend to the General Assembly strategies for addressing the problem of childhood obesity and encouraging healthy eating and increased physical activity among children through the following:

- (1) Early childhood intervention.
- (2) Childcare facilities.
- (3) Before- and after-school programs.
- (4) Physical education and physical activity in schools.
- (5) Higher nutrition standards in schools.
- (6) Comprehensive nutrition education in schools.

HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY

- (7) Increased access to recreational activities for children.
- (8) Community initiatives and public awareness.
- (9) Other means.

The Committee shall encourage input from public nonprofit organizations promoting healthy lifestyles for children, addressing the problems related to childhood obesity, encouraging healthy eating, and increasing physical activity among children.

**Section 4.** The Committee shall meet upon the call of its Co-Chairs. A quorum of the Committee shall be a majority of its members.

**Section 5.** The Committee, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and Article 5A of Chapter 120 of the General Statutes.

**Section 6.** Members of the Committee shall receive per diem, subsistence, and travel allowance as provided in G.S. 120-3.1.

**Section 7.** The expenses of the Committee including per diem, subsistence, travel allowances for Committee members, and contracts for professional or consultant services shall be paid upon the written approval of the Speaker of the House of Representatives pursuant to G.S. 120-32.02(c) and G.S. 120-35 from funds available to the House of Representatives for its operations.

**Section 8.** The Legislative Services Officer shall assign professional and clerical staff to assist the Committee in its work. The Director of Legislative Assistants of the House of Representatives shall assign clerical support staff to the Committee.

**Section 9.** The Committee may submit an interim report on the results of the study, including any proposed legislation, on or before May 1, 2012, by filing a copy of the report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee shall submit a final report on the results of its study, including any proposed legislation, to the members of the House of Representatives prior to the convening of the 2013 General Assembly by filing the final report with the Office of the Speaker of the House of Representatives, the House Principal Clerk, and the Legislative Library. The Committee terminates upon the convening of the 2013 General Assembly or upon the filing of its final report, whichever occurs first.

Effective this the 1st day of September, 2011.



Thom Tillis  
Speaker

---

# OVERVIEW OF COMMITTEE PRESENTATIONS

---

The House Select Committee on Childhood Obesity met 5 times from November 10, 2011 until April 25, 2012.

November 10, 2011

**Committee Authorization/Budget**

Sara Kamprath, Committee Staff

**Enacted Legislation Related to Childhood Obesity (2008-2011)**

Theresa Matula, Committee Staff

**Overview of the Problem of Childhood Obesity in North Carolina**

Dr. Joseph Skelton, MD, Section of Pediatric Gastroenterology and Nutrition  
Department of Pediatrics, Wake Forest University School of Medicine

**Department of Public Instruction Activities**

**Healthful Living Essential Standards**

Ellen Essick, Coordinated School Health Consultant  
NC Healthy Schools, DPI

**Healthy Active Children Policy**

**State Board of Education Policy Regarding Physical Activity in the Public Schools**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

**Fitness Testing Guidelines: Implementation of HB 1757**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

**IsPOD (In-School Prevention of Obesity and Disease)**

Judy Martino, Assistant Executive Director for Grants & Special Programs, NCAAHPERD

**Physical Activity Initiatives for Early Childhood Programs**

Lori Rhew, MA, PAPHS, Physical Activity Unit Manager

Physical Activity and Nutrition Branch

North Carolina Division of Public Health, Department of Health and Human Services

Alice Lenihan, MPH, RD, LDN, Branch Head

Nutrition Services Branch, North Carolina Division of Public Health, Department of Health and Human Services

Wendi Boggess, Family Relations Specialist

First Environments Early Learning Center

**Middle School Sport Policies and Sport Participation**

Dr. Michael Kanters, Associate Professor

Department of Parks, Recreation & Tourism Management, NCSU

**December 8, 2011**

**S.L. 2010-117 (HB 1726), Improve Childcare Nutrition Standards**

Jani Kozlowski, Director's Office, Policy Unit Manager, Division of Child Development and Early Education

Alice Lenihan, Branch Head, Nutrition Services Branch, Division of Public Health

**School Nutrition Program**

Lynn Harvey, Section Chief, Child Nutrition Services, DPI

**NC General Assembly Program Evaluation Division**

**Child Nutrition Programs Study Report**

Carol Ripple, Principal Evaluator

**Fresh and Local Food in Communities**

Alice Ammerman, Director, Center for Health Promotion and Disease Prevention, UNC-CH

Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine, UNC-CH

**January 12, 2012**

**Eligibility for Food and Nutrition Services (FNS) Benefits**

David Locklear, Assistant Chief, Economic and Family Services Section, Department of Health and Human Services

**SNAP-Ed**

Veronica Bryant, SNAP-Ed Outreach Coordinator, Department of Health and Human Services

**North Carolina Farm to School Program**

Gary Gay, Food Distribution Division, Department of Agriculture and Consumer Services

**National Farm to School Network**

Laurie Stradley, State Lead for the National Farm to School Network

**North Carolina Sustainable Local Food Advisory Council Recommendations from 2011 Annual Report**

Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services

February 15, 2012

**Good Agricultural Practices (GAP) Certification as it Relates to Farm to School**

Heather Barnes, Farm to School, NC Department of Agriculture

Brooke Stephenson, Marketing Division, NC Department of Agriculture

**Small Farms and GAPs: Addressing On-the-Ground Challenges**

Roland McReynolds, Executive Director, Carolina Farm Stewardship Association

**Child Nutrition Issues: A Local Perspective**

Pam Smith, Child Nutrition Director, Lenoir County Schools

**Healthy Active Children Policy Report**

Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI

**Physical Education Success Stories**

Dr. Patrick Miller, Superintendent, Greene County Schools

Angie Miller, Healthful Living Coordinator, Nash-Rocky Mount Public School System

**New Federal Child Nutrition Standards and Possible Local Impact**

Lynn Harvey, Section Chief, Child Nutrition Services, DPI

April 25, 2012

**Committee Report**

Review of Draft Report

Committee Discussion

---

## COMMITTEE PROCEEDINGS

---

This section of the report provides a brief summary of the Committee meetings. It is not intended to be a complete, official record of those meetings. However, there is an official record of the Committee's meetings, including minutes and handouts distributed to the Committee members, in the Legislative Library.

November 10, 2011

Ms. Sara Kamprath, Legislative Analyst, Research Division, General Assembly reviewed the authorizing legislation and budget for the Committee.

Ms. Theresa Matula, Legislative Analyst, Research Division, General Assembly, reviewed enacted legislation from 2008 through 2011 related to childhood obesity to give Committee members context on what has happened and what may still need to be enacted to help to reduce childhood obesity.

Dr. Joseph Skelton, Pediatric Gastroenterology and Nutrition, Department of Pediatrics, Wake Forest University School of Medicine, gave an in-depth presentation on the epidemic of childhood obesity. He covered obesity trends since 1998 which indicate that nearly a third of children ages 10-17 years are overweight or obese. Dr. Skelton explained what it means to be overweight or obese and the causes of this epidemic. He cited the epidemic's major culprits are: increased serving sizes, sweetened beverages, and decreased activity levels. Dr. Skelton concluded his presentation with recommendations for decreasing the number of children who are overweight or obese. Some of the recommendations included behavioral therapy, and other child and family based approaches to changing behavior and habits.

Ms. Ellen Essick, School Health Consultant, NC Department of Public Instruction (DPI), presented an overview of the new Healthful Living Essential Standards which are included in the new Standard Course of Study for NC traditional public schools. The Healthful Living Essential Standards include learning benchmarks for kindergarten through 12<sup>th</sup> grade in mental and emotional health, personal and consumer health, interpersonal communication and relationships, nutrition and physical activity, and alcohol, tobacco and other drugs.

Ms. Paula Hudson Hildebrand, Chief Health and Community Relations Officer, Department of Public Instruction, provided an update of implementation of S.L. 2010-161 (HB 1757), Fitness Testing in Schools. She shared a document, Fitness Testing Guidelines, which has been adopted by the State Board of Education and is being implemented for the first time during the current school year, as directed in the Session Law.

Ms. Hildebrand continued her presentation by describing the State Board of Education policy on Healthy Active Children (GCS-S-000). The policy encourages elementary schools to provide 150 minutes per week of physical education (PE) provided by a certified PE teacher and middle schools to provide 225 minutes per week of Healthful Living Education provided by a certified health and PE teacher. The policy requires schools to provide a

minimum of 30 minutes of “moderate to vigorous physical activity” daily to all K-8 students. This time is supposed to compliment, not supplant, PE. The policy requires each school system to have a School Health Advisory Council, a coordinated school health program, and to prepare and submit to DPI annual reports on minutes of physical activity and PE received by each student. Ms. Hildebrand offered to present 2010-2011 findings of the annual report at a future Committee meeting.

Ms. Judy Marino, Assistant Director of the In-school Prevention of Obesity and Disease (IsPOD) program provided an overview of IsPOD’s goals and objectives including assessing and improving K-8 students’ overall fitness. IsPOD trains teachers to administer the FITNESSGRAM and to implement the SPARK fitness curriculum. IsPOD also surveys students and teachers twice per year regarding attitudes, behaviors and fitness levels.

Ms. Lori Rhew, Physical Activity Unit Manager, Physical Activity and Nutrition (PAN) Branch, Division of Public Health (DPH), Department of Health and Human Services (DHHS) described the PAN Branch’s mission, goals and activities to decrease childhood obesity and related chronic diseases. The PAN Branch is collaborating with the Department of Public Instruction and with the Division of Child Development and Early Education to help children choose to be involved in physical activity on a daily basis.

Ms. Alice Lenihan, Branch Head of the Nutrition Services Branch, DPH, DHHS, detailed outdoor time and physical activity requirements for infants, toddlers, and preschoolers attending licensed child care facilities. She also talked about the limited amount of “screen time” that is allowed and the Kids Eat Smart Move More program.

Ms. Wendi Boggess, Family Relations Specialist, First Environments Early Learning Center, shared a Power Point presentation showing photos of children at her child care center engaged in Kids Eat Smart Move More activities.

Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, North Carolina State University, recommended that the State Board of Education policy on interscholastic sports in grades 7-12 be changed to include 6<sup>th</sup> graders. Dr. Kanters also mentioned that children who participate in sports are more active than children who don’t participate in sports.

#### **December 8, 2011**

Ms. Jani Kozlowski, Policy Unit Manager, Division of Child Development and Early Education (DCDEE), described the new nutrition rules that the Child Care Commission had agreed upon on September 27, 2011. These rules are the result of S.L. 2010-117(HB 1726). Original rules to help reduce childhood obesity had been developed in August, 2010.

Ms. Alice Lenihan, Branch Head of the Nutrition Services Branch, DPH, DHHS, described the process of public hearings that had been used to gather input on the new nutrition standards. They also learned about what different localities are doing to help preschool children to be more active and to eat more healthy foods. Their Branch plans to work collaboratively with DCDEE to implement new nutrition standards.

Dr. Lynn Harvey, Section Chief, Child Nutrition Services, Department of Public Instruction, presented a thorough overview of Federal Child Nutrition programs offered in each local school administrative unit (LEA) and administered by DPI. She provided the history of the program along with current successes and challenges. Overall program costs are increasing and revenues are decreasing. Dr. Harvey concluded her presentation with information on food insecurity, or lack of nutritious food, which is being experienced by many children in North Carolina.

Dr. Carol Ripple, Principal Evaluator, Program Evaluation Division (PED), North Carolina General Assembly, gave a report on a study that the PED had completed on NC's Child Nutrition program. The major findings of that study included (i) program viability depends on a delicate balance of cost, nutritional value, and student participation; (ii) indirect costs challenge program solvency; and, (iii) NC does not supplement federal funding beyond the required match. The PED recommended that programs must be solvent, defined as having one month's operating balance, before LEAs can charge indirect costs and that the legislature should support the NC Procurement Alliance. The Procurement Alliance helps LEAs to buy food and products in bulk, and thus at lower rates.

Dr. Alice Ammerman, Professor, UNC-Chapel Hill School of Public Health, presented information about a project that the School of Public Health is engaged in. This project promotes the creation and consumption of healthy foods at local events such as barbecue festivals. She also recommended supporting the Sustainable Local Food Advisory Council's report to increase the availability of locally-produced foods for SNAP participants.

#### January 12, 2012

Mr. David Locklear, Assistant Chief, Economic and Family Services, DHHS, explained eligibility criteria for, and allowable benefits of, the Supplemental Nutrition Assistance Program (SNAP), formerly called "food stamps."

Ms. Veronica Bryant, SNAP-Ed Outreach Coordinator, DHHS, explained what this program does. SNAP-Ed provides nutrition training and information to families who participate in SNAP to support them to make health food choices. SNAP-Ed also provides information on increasing SNAP participant physical activity as needed. Ms. Bryant provided a list of agencies who offer SNAP-Ed and a list of counties served by the agencies. She concluded her presentation with a description of SNAP-Ed partnerships and pilot projects including the NC Farmers Markets.

Mr. Gary Gay from the Food Distribution Division in the Department of Agriculture and Consumer Service explained how the Farm to School program works. He provided information on what crops are available for schools to purchase during different times of the year. The NC Farm to School Program served approximately one million students and delivered over 1 million pounds of NC produce in 2010-11. He indicated that the major barriers to schools participating in the Farm to School program include lack of refrigeration space, staff to prepare fresh produce, and Good Agricultural Practices (GAP) certified farmers.

Ms. Laurie Stradley, the NC State Lead for the National Farm to School Network provided evidence that buying local foods is beneficial for health and economic reasons. She indicated that the components of a farm to school program includes more than just delivery of fresh produce, but also includes field trips to farms, nutrition education and cooking in schools, and school gardens. Ms. Stradley concluded her presentation to with several recommendations to increase the number of schools and farms participating in the farm to school program.

Ms. Joy Hicks, Policy Development Analyst, Department of Agriculture and Consumer Services, gave the report form the NC Sustainable Local Food Advisory Council. In 2009, the General Assembly established the NC Sustainable Local Food Advisory Council. Article 70 of Chapter 106 of the North Carolina General Statutes creates, and provides the duties of, the Council but the Council is currently set to expire on July 31, 2012. In the Council's 2010 report, some of the recommendations related to reducing childhood obesity included supporting the Farm-to-School program, expanding SNAP-Ed, supporting WIC and EBT programs, increasing funding for school cafeterias, increasing local food purchases with SNAP, and getting whole farms to be GAP certified. The NC Sustainable Local Food Advisory Council is set to expire in 2012, but would like to have the expiration date amended so that they can continue to pursue some of the efforts they have begun.

**February 15, 2012**

Mr. Ronnie Wynne and Ms. Brooke Stephenson from the Marketing Division of the NC Department of Agriculture and Consumer Services provided an overview of how farms become GAP certified. GAP stands for Good Agricultural Practices and the certification process involves farms meeting a number of criteria and food safety procedures. Farms and packaging facilities are inspected and farm workers are observed and interviewed. GAP certification is voluntary and the type of certification is driven by the consumer of the farmer's products. The certification is used for safety, sanitation, and for marketing, e.g., a restaurant who advertises local produce from a GAP certified farm.

Ms. Heather Barnes, Marketing Director, NC Farm to School Program, indicated that DPI requires farms to be GAP certified before a school can buy produce from them.

Mr. Roland McReynolds, Carolina Farm Stewardship Association, further explained the GAP certification process, and the positive reasons for having the certification, but also the hardships placed on farmers going through this process. His group, working with the NC Fresh Produce Safety Task Force, found that the current GAP certification process is not well-suited for small-scale farms. They are developing an All-Farm GAP process pilot project to see if this alternative would be less costly and easier for small farms to complete. The project will produce a results report and guidance manual later this year.

Ms. Paula Hudson Hildebrand, Chief Health and Community Relations Officer, DPI, gave the 2010-2011 Health Active Children Policy Report. According to data submitted to DPI by 95% of LEAs, 51% provide 150 minutes of weekly physical education (PE) with PE certified teachers to elementary school children and 52% provided 225 minutes of weekly Healthful Living coursework with certified health and PE teachers. She indicated that cost of certified teachers in these areas and equipment was hindering other school systems to meet

these aspects of the Healthy Active Children Policy. Ms. Hildebrand included in her report the successes of the local school health advisory councils including a significant reduction in the use of exercise in schools as a punishment.

Representative LaRoque passed out a current report from the IsPOD which indicated that teachers and students report less involvement in physical education and activity. Ms. Judy Marino from IsPod and Ms. Hildebrand from DPI indicated that teacher and student perceptions from their individual schools and life experiences may be different from the reports sent to DPI which reflect physical education and activity on the whole across an LEA.

Ms. Pamela Smith, Child Nutrition Director, Lenoir County Schools, provided a local perspective on running a child nutrition program. She talked about how Lenoir County Schools had been running a significant deficit until they ended 25 positions through attrition, reduced the variety of items on the menu, and participated in the NC Procurement Alliance. Their Child Nutrition Program now does not pay indirect costs. She talked about introducing more fresh fruits and vegetables to all children who come through the cafeteria lines and that fresh salads had actually become a popular item with all of the children. She concluded her presentation with a description of how cashiers have to charge children based on different elements required by the USDA and how Lenoir County Schools uses lunchprepay.com that allows families to keep funds available for their child to use and know what foods their child purchases.

Dr. Patrick Miller, Superintendent, Greene County Schools, shared their "success story" in being able to meet the State Board of Education's Healthy Active Children policy. He said that they had prioritized their small system and low wealth system funds to hire certified PE teachers in each of their schools in 2006-2007. He said that they had seen a decrease in behavior referrals since being able to offer PE and/or "energizers" to all of their students on a daily basis.

Ms. Angie Miller, Healthful Living Coordinator, Nash-Rocky Mount Public Schools, presented their "success story" as they had also been able to meet the State Board of Education (SBE) policy of providing daily physical activity. Her school system partnered with the local hospital and YMCA to offer incentives such as water bottles and jump ropes to children when they walked a number of miles. Each student walks a targeted amount per day with their teacher in this school system.

Dr. Lynn Harvey concluded this meeting by presenting the new federal nutrition standards which were mandated on January 26, 2012 with passage of the final rule on meal pattern and nutrition standards. Dr. Harvey explained the differences in the amounts of each component required by the USDA. More fruits, vegetables, and whole grains will be required. Reduced sodium, calories, and trans fat will also be required. The cost estimate of implementing the new nutrition standards is an estimated 10 cents for each lunch and 27 cents for each breakfast. The final rule states that "school districts will be required to make a substantial investment to improve the quality of school meals." As such, Dr. Harvey indicated that State and local governments will likely be expected to play a significant role in coming up with the funding for improved nutrition standards. Additionally, Dr. Harvey highlighted barriers to an optimal nutrition environment which supports obesity prevention including:

inadequate funds; nutrition not valued as part of the instructional day; priority for the child nutrition program to be financially self-supporting; limited time and or space for students to eat meals at school; too little nutrition education; and student taste preferences. There will be a gradual implementation of the new nutrition standards over the next three years.

April 25, 2012

The chair recognized Committee staff to go through the draft Committee report and the draft recommendations and corresponding bill drafts. Theresa Matula provided information on the Committee's purpose and reporting requirements as contained in the Committee authorization. Ms. Matula reviewed the elements of the report and explained the first four draft recommendations and corresponding bill drafts. Sara Kamprath explained the remaining seven draft recommendations and corresponding bill drafts. After each draft recommendation and bill draft was explained by staff, the Committee discussed the recommendation and bill draft making any changes deemed appropriate. The Committee voted to approve each draft recommendation and corresponding bill draft.

---

# FINDINGS AND RECOMMENDATIONS

---

## Improving Child Nutrition Programs

**Recommendation 1:** The House Select Committee on Childhood Obesity recommends that the General Assembly appropriate:

- \$20 million dollars for the 2012-13 fiscal year to the Department of Public Instruction to assist child nutrition programs in meeting nutrition standards.

and

- \$1.7 million dollars for the 2012-13 fiscal year to the Department of Public Instruction to support the elimination of the student cost of the reduced-price breakfast in order to increase the participation rate.

and

- funds for the 2012-13 fiscal year to the Department of Public Instruction to support the cost of any increases in salaries and benefits required by the State for child nutrition personnel.

These recommendations are contained in bill drafts 2011-SHza-12, 2011-SHza-13, and 2011-SHza-14.

**Background 1:** The Program Evaluation Division report on December 8, 2011, indicated that 32 states supplement federal child nutrition funds. Some states have a recurring flat appropriation amount, some fund labor costs, and some provide meal reimbursements. The Department of Public Instruction indicated that since 2007, the State Board of Education has requested \$20 million annually to assist Child Nutrition programs in meeting nutrition standards. Following the Committee's March meeting, the Department of Public Instruction provided supplemental information indicating a cost of \$1.7 million dollars to eliminate the student cost of a reduced-price breakfast for children who qualify for reduced-price meals.

**Recommendation 2:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Public Instruction to work with school districts to decrease food costs and increase the use of locally grown fresh fruits and vegetables through 1) increased participation in the North Carolina Procurement Alliance and 2) increased participation in the Farm to School program, and to report progress on this recommendation on or before November 1, 2013, to the Joint Legislative Education Oversight Committee. To support these initiatives the House Select Committee on Childhood Obesity recommends that the General Assembly appropriate \$80,000 for the 2012-13 fiscal year to the Department of Public Instruction to provide administrative support for the NC Procurement Alliance; and to appropriate \$5,000 to the Department of Public Instruction for each school district, for a total of \$575,000 for the 2012-13 fiscal year, to purchase chopping/slicing devices, or other equipment, that would encourage the purchase and consumption of locally grown fresh fruits and vegetables in school food services.

This recommendation is contained in bill draft 2011-TLza-17.

**Background 2:** The Program Evaluation Division report on December 8, 2011, presented information on opportunities for child nutrition programs to save money when purchasing food and supplies through the North Carolina Procurement Alliance. The Division found that Members have realized an average savings of 6% on the purchase of food and supplies. The Division recommended funding administrative support for the Procurement Alliance in the amount of \$80,000.

Following the Committee's March meeting, the Department of Public Instruction provided information indicating that 87 school districts currently participate in the Procurement Alliance. The Department funds a position to support the work of Alliance and the remaining support is provided through federal grants and the efforts of school district volunteers. The Department indicated that the funds provided to support the Procurement Alliance are not sufficient to enable the buying group to operate at an optimal level or to expand.

During meetings on January 12, 2012, and February 15, 2012, the Committee heard presentations on the North Carolina Farm to School Program coordinated by the North Carolina Department of Agriculture. The Farm to School program has been in operation for 15 years. Comments by the Committee members indicated that the purchase of locally grown produce from farmers and the consumption of this produce by school children was a win-win situation for North Carolina. However, some concerns were shared with the Committee that many school kitchens are not equipped to handle the preparation of fresh fruits and vegetables for consumption by children.

Following the Committee's March meeting, the Department of Public Instruction provided information on the need for funding to support the purchase of equipment that supports the use of fresh, locally-grown produce. Within the last several years, districts did receive some federal funding for equipment purchases. However the equipment requests received totaled \$12.5 million, but the funding received was only \$3.2 million. Equipment needs include: pass-through refrigerators, refrigerated display cases, chopping/slicing devices, and walk-in coolers. The Department indicated that a vertical cutter mixer would cost approximately \$5,000 and could facilitate the use of fresh produce.

**Recommendation 3:** The House Select Committee on Childhood Obesity recommends that the General Assembly amend G.S. 143-64 to remove "local school administrative units" which is anticipated to save \$500,000 by removing the requirement that school districts procure juice and water separately from other foods and beverages.

This recommendation is contained in bill draft 2011-SHz-15.

**Background 3:** Following the Committee's March meeting, the Department of Public Instruction provided information indicating that G.S. 143-64 requires local school administrative units to competitively bid contracts for the sale of bottled water separately from each other and separately from any other contract. The Department reported that this requires school districts to procure juice and water separately from each other and from all other foods and beverages served in the school breakfast and lunch program and the approximate cost of this administrative burden exceeds \$500,000. The Department reported that all purchases of foods and beverages in the child nutrition program are made in

compliance with federal regulations. An amended version of G.S. 143-64 has been provided below.

**§ 143-64. Beverages contracts.**

~~Notwithstanding any other provision of law, local school administrative units, community colleges, and constituent institutions~~ Notwithstanding any other provision of the law, community colleges and constituent institutions of The University of North Carolina shall competitively bid contracts that involve the sale of juice or bottled water. Contracts for the sale of juice and contracts for the sale of bottled water shall each be bid separately from each other and separately from any other contract, including contracts for other beverages or vending machine services. ~~The local school administrative units, community colleges,~~ Community Colleges and constituent institutions may set quality standards for these beverages, and these standards may be used to accept or reject a bid.

**Recommendation 4:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the State Board of Education and the Department of Public Instruction to determine the optimal amount of seat time students need for breakfast and lunch and to explore innovative options for utilizing meal time as instructional time and to report on or before January 1, 2014, to the Joint Legislative Education Oversight Committee.

This recommendation is contained in bill draft 2011-TLz-18.

**Background 4:** On December 8, 2011, Child Nutrition Services reported the following breakfast participation levels: 37% in Elementary School, 19% in Middle School, 12% in High School. The following lunch participation levels were reported: 77% in Elementary School, 69% in Middle School, 42% in High School. According to information presented by the Department of Public Instruction, North Carolina has the tenth most food insecure student body in the nation and the fifth fattest student body in the nation. For some students a school breakfast and/or lunch may provide a significant portion of their daily food intake. Many studies have shown a link between decreased instructional outcomes when children are hungry. The Committee expressed concerns that all school students may not have adequate time to go through the cafeteria line and to eat breakfast and lunch. However, it is not clear how much time is appropriate. The Committee also expressed an awareness of the importance of instructional time. The Department mentioned several options that included “grab and go” meals and other options which may include facilitating students eating breakfast in the classroom. A study would explore both the optimal seat time and innovative approaches to ensuring students have the opportunity to eat breakfast and lunch.

### **Increasing the Consumption of Healthy Food in Communities**

**Recommendation 5:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services to increase participation in Supplemental Nutrition Assistance Program Education (SNAP-Ed) and to report progress on or before October 1, 2013, to the Joint Legislative Oversight Committee on Health and Human Services.

This recommendation is contained in bill draft 2011-TLz-19.

**Background 5:** On January 12, 2012, the Division of Social Services, Department of Health and Human Services, presented information on Food and Nutrition Services and Supplemental Nutrition Assistance Program Education (SNAP-Ed). SNAP-Ed is an optional nutrition education and obesity prevention grant program that is 100% federally funded. The Division provided that the goals of SNAP-Ed include: healthy food choices within a limited budget, physically active lifestyles, and education on Dietary Guidelines for Americans and MyPlate. The focus of the program is to encourage consumption of fruits, vegetables, whole grains, and fat free or low-fat milk instead of unhealthy alternatives. The program also encourages physical activity, caloric intake monitoring and drinking water instead of sugary drinks.

**Recommendation 6:** The House Select Committee on Childhood Obesity appreciates and supports efforts to assist farmers in becoming Good Agricultural Practices (GAP) certified in order to increase participation in the Farm to School program and to increase the availability, supply and consumption of healthy locally grown fruits and vegetables.

No legislation is necessary for this recommendation.

**Background 6:** During the meetings on January 12, 2012 and February 15, 2012, the Committee heard presentations on the Farm to School program and Good Agricultural Practices (GAP) certification for farmers. The Committee appreciates current and future efforts by the Department of Agriculture and the Carolina Farm Stewardship Association to assist farmers in obtaining GAP certification thereby increasing local farmer participation in the Farm to School program and public access to healthy fruits and vegetables.

**Recommendation 7:** The House Select Committee on Childhood Obesity recommends that the General Assembly require the Department of Health and Human Services, the Department of Agriculture & Consumer Services to work toward increasing the number of farmers markets accepting SNAP (Supplemental Nutrition Assistance Program) EBT (Electronic Benefit Transfer) cards, to make the location of these markets known to SNAP recipients, and to report progress on this recommendation on or before March 1, 2013 and November 1, 2013, to the Joint Legislative Oversight Committee on Health and Human Services.

This recommendation is contained in bill draft 2011-TLz-19.

**Background 7:** During the January 12, 2012 meeting the Committee heard a presentation on SNAP and SNAP-Ed. At the December 8, 2011 meeting, the Committee heard from Dr. Alice Ammerman, Professor, Department of Nutrition, Gillings School of Global Public Health and School of Medicine Director, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, who presented information on SNAP-Ed and the economic case for local food. Dr. Ammerman presented Recommendation 13 from the Sustainable Local Food Advisory Council's 2011 report, which encouraged the SNAP-Ed Advisory Committee to work with the Council's subcommittee to consider a statewide coordinated approach to encourage the use of locally produced food by SNAP participants. The Committee is encouraged by the work thus far to increase the acceptance of SNAP EBT cards at farmers markets. Increasing acceptance of these cards will assist farmers and SNAP recipients by increasing consumption of locally grown fruits and vegetables.

**Recommendation 8:** The House Select Committee on Childhood Obesity recommends that the General Assembly continue the Sustainable Local Food Advisory Council until July 31, 2015.

This recommendation is contained in bill draft 2011-TLz-20.

**Background 8:** Session Law 2009-530 created the North Carolina Sustainable Local Food Advisory Council to address program and policy considerations regarding the development of a sustainable local food economy in North Carolina. The Council is set to expire on July 31, 2012. The Committee has heard from a number of groups that are involved with the Council and has benefited from information facilitated through the Council. The Council has requested continuation.

### **Increasing Physical Activity Among Children**

**Recommendation 9:** The House Select Committee on Childhood Obesity recommends that the General Assembly establish the Task Force on Physical Education and Physical Activity in Schools (Task Force) to examine strategies for increasing physical activity and quality physical education instruction in the public schools. In the course of the study, the Task Force shall consider and recommend to the General Assembly a strategic plan to:

- Increase the amount of time that K-8 students are engaged in daily moderate to vigorous physical activity.
- Increase the number of K-8 students that are receiving the amount of weekly physical education recommended by the State Board of Education.
- Provide adequate facilities, equipment, and licensed physical education instructors.
- Identify local and statewide funding sources, including potential public-private partnerships.
- Identify methods to provide and fund the collection of reliable data from fitness testing that can be used to monitor and improve student health.

The Task Force shall consider any recommendations that are received from the State Board of Education work group on fitness testing data and use. The Task Force shall also identify any other barriers to increasing physical activity and quality physical education instruction in the public schools and recommend any means to overcome those barriers. The Task Force shall include members of the North Carolina Senate and House of Representatives; representatives from the Department of Public Instruction; the Division of Public Health in the Department of Health and Human Services; and other interested stakeholders. The Task Force shall report interim progress on this recommendation on or before March 1, 2013 and shall provide a final report on or before March 15, 2014 to the Joint Legislative Education Oversight Committee.

This recommendation is contained in bill draft 2011-RJz-4.

**Background 9:** At the November 10 meeting, the Committee heard about the link between the amount of time that a child participated in daily activity and the child's grades in school. According to the Physical Activity and Nutrition Branch of DHHS, parents reported that

53% of children who spent over an hour in physical activity each day made mostly A's as compared to 42% of children who spent less than 20 minutes in physical activity each day made mostly A's.

Paula Hudson Hildebrand, Chief Health and Community Relations Officer for DPI, explained State Board of Education Policy HSP-S-000 that required schools to provide daily a minimum of 30 minutes of moderate to vigorous physical activity to all K-8 students. The requirement can be met through a regular physical education class or through other activities such as recess, dance, classroom energizers, or other curriculum based physical education activity programs. This time should not substitute for the physical education program.

During the February 15, 2012 meeting, Ms. Hildebrand provided the results of a 2011 study on the percentage of local school administrative units (LEAs) that are meeting the requirements of this policy. DPI combined city and county LEAs for the purposes of this report and 106/112 (combined LEAs) provided data. Slightly over half (51%) of the reporting LEAs indicated that all of their elementary schools are meeting the suggested 150 minutes per week with a certified Physical Education teacher. Slightly over half (52%) of the reporting LEAs indicate that all of their middle schools are meeting the suggested 225 minutes per week of Healthful Living instruction taught by a certified Health and Physical Education teacher. Therefore, it appears that only about half of the State's school children are being provided with physical education by a certified PE teacher.

During the November 10<sup>th</sup> meeting, Dr. Michael Kanters, Associate Professor, Department of Parks, Recreation & Tourism Management, NCSU, spoke on the importance of providing intramural opportunities for students who do not participate in interscholastic athletic competition. Dr. Kanters mentioned that children who participate in sports are more active than children who don't participate in sports. He pointed out that his research found that about 32,000 6<sup>th</sup> graders don't have access to any school sports. Dr. Kanters mentioned that this is important because when children don't participate in sports their motivation to participate later diminishes. His research found that intramural sports attract more students than interscholastic sports and that African American and low-income students are more likely to participate in sports in schools that have intramural sports programs. Dr. Kanters presented research indicating that 47% of schools offer some type of intramurals but that sometimes facilities sit empty but intramurals more effectively use buildings.

**Recommendation 10:** The House Select Committee on Childhood Obesity recommends that the General Assembly direct the State Board of Education to coordinate a work group to examine how to continue the collection of data from fitness testing currently conducted in the public schools, methods to ensure that the data is reliable, procedures to allow the data to be shared appropriately with State agencies in order to have a Statewide picture of fitness levels of students, and funding sources for these activities. The work group should include representatives from the Department of Public Instruction; the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance; the Division of Public Health in the Department of Health and Human Services; the American Heart Association; and other organizations and agencies deemed appropriate. The work group shall report to the Task Force on Physical Education and Physical Activity in Schools by June 30, 2013 on the results of its work.

This recommendation is contained in bill draft 2011-RJz-4.

**Background 10:** At the November 10 meeting, Paula Hudson Hildebrand, Chief Health and Community Relations Officer for DPI, explained about the new fitness testing guidelines for K-8 students developed by the State Board of Education as required by Session Law 2010-61. The new tests should measure aerobic capacity, body composition, muscular strength, muscular, endurance and flexibility. At the same meeting, the Committee heard that the Kate B. Reynolds grant funding that supports the efforts of the NC Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NC AAHPERD) will end on July 31, 2012. Through the grant NCAAHPERD has collected data on the fitness levels of K-8 students.

Following the Committee's March meeting, the State Board and DPI provided information that DPI had lead the task force that initially developed the new fitness testing guidelines and would be the logical entity to lead this new task force.

### **Addressing Early Childhood Obesity**

**Recommendation 11:** The House Select Committee on Childhood Obesity recommends that the North Carolina Institute of Medicine (NCIOM) present the findings and recommendations of the NCIOM Task Force on Early Childhood Obesity Prevention to the Joint Legislative Education Oversight Committee when those findings are available in 2013.

**No legislation is necessary for this recommendation.**

**Background 11:** The North Carolina Institute of Medicine (NCIOM) Task Force on Early Childhood Obesity Prevention is working to develop recommendations to address barriers and to ensure the availability of systems and services to improve young children, ages 0-5, and the physical and nutritional health of their families. According to information from the NCIOM, the Task Force is charged to:

- (1) examine evidence-based and promising practices from prior North Carolina related task forces, as well as from the White House and national Institute of Medicine Committee on Childhood Obesity Prevention; and
- (2) develop a strategic plan to prevent or reduce early childhood obesity in North Carolina that can serve as a blueprint for foundations, government, health professional associations, and other community groups interested in improving the health of young children, ages 0-5

LEGISLATIVE PROPOSAL I

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-SHza-12 [v.2] (04/25)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/25/2012 1:42:28 PM

Short Title: Funds for Child Nutrition Stnds.

(Public)

---

Sponsors:

---

Referred to:

---

A BILL TO BE ENTITLED

1 AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC  
2 INSTRUCTION FOR THE CHILD NUTRITION PROGRAM TO ASSIST CHILD  
3 NUTRITION PROGRAMS IN MEETING NUTRITION STANDARDS, AS  
4 RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD  
5 OBESITY.  
6

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** There is appropriated from the General Fund to the  
9 Department of Public Instruction, the sum of twenty million dollars (\$20,000,000) for  
10 the 2012-2013 fiscal year to be used for the child nutrition program in each local school  
11 administrative unit to meet nutrition standards.

12 **SECTION 2.** This act becomes effective July 1, 2012.  
13

EGISLATIVE PROPOSAL II

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

U

D

**BILL DRAFT 2011-SHza-13 [v.3] (04/25)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/25/2012 1:48:03 PM**

Short Title: Eliminate Student Cost Reducd-Price Breakfst.

(Public)

---

Sponsors:

---

Referred to:

---

**A BILL TO BE ENTITLED**

**AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC INSTRUCTION FOR THE CHILD NUTRITION PROGRAM TO ELIMINATE THE STUDENT COST FOR REDUCED-PRICE BREAKFAST IN ORDER TO INCREASE BREAKFAST PARTICIPATION, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.**

The General Assembly of North Carolina enacts:

**SECTION 1.** There is appropriated from the General Fund to the Department of Public Instruction, the sum of one million seven hundred thousand dollars (\$1,700,000) for the 2012-2013 fiscal year to eliminate the student cost of reduced-price breakfast for children who qualify for reduced price meals in each local school administrative unit. The goal of these funds is to increase breakfast participation.

**SECTION 2.** This act becomes effective July 1, 2012.

LEGISLATIVE PROPOSAL III

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-SHza-14 [v.2] (04/25)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/25/2012 1:41:07 PM

Short Title: Fund Child Nutrition Salary&Benefit Cost Inc.

(Public)

---

Sponsors:

---

Referred to:

---

A BILL TO BE ENTITLED

1 AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF PUBLIC  
2 INSTRUCTION TO OFFSET THE COST OF SALARY AND BENEFIT  
3 INCREASES REQUIRED BY THE STATE FOR CHILD NUTRITION  
4 PERSONNEL IN LOCAL SCHOOL ADMINISTRATIVE UNITS, AS  
5 RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD  
6 OBESITY.

7  
8 The General Assembly of North Carolina enacts:

9       **SECTION 1.** There is appropriated from the General Fund to the  
10 Department of Public Instruction, funds for the 2012-2013 fiscal year to offset the cost  
11 of any salary and benefit increases required by the State for child nutrition personnel in  
12 each local school administrative unit.

13       **SECTION 2.** This act becomes effective July 1, 2012.

LEGISLATIVE PROPOSAL IV

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-TLza-17 [v.9] (04/25)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/25/2012 1:43:22 PM

Short Title: Support Procurement & Farm to School/Funds. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO REDUCE CHILD NUTRITION PROGRAM FOOD COSTS BY  
2 ENCOURAGING PARTICIPATION IN THE NORTH CAROLINA  
3 PROCUREMENT ALLIANCE AND BY APPROPRIATING FUNDS FOR  
4 ADMINISTRATIVE SUPPORT FOR THE PROCUREMENT ALLIANCE; AND  
5 ENCOURAGING USE OF THE FARM TO SCHOOL PROGRAM AND BY  
6 APPROPRIATING FUNDS FOR CHILD NUTRITION EQUIPMENT TO  
7 ENCOURAGE CONSUMPTION OF LOCALLY GROWN FRUITS AND  
8 VEGETABLES, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE  
9 ON CHILDHOOD OBESITY.  
10

11 The General Assembly of North Carolina enacts:

12 **SECTION 1.(a).** The State Board of Education and the Department of Public  
13 Instruction shall work collaboratively with local boards of education and local school  
14 administrative units to (i) reduce the food costs through increased participation in the  
15 North Carolina Procurement Alliance and; (ii) increase the use of locally grown fresh  
16 fruits and vegetables through increased participation in the Farm to School Program.

17 **SECTION 1.(b).** The State Board of Education and the Department of  
18 Public Instruction shall report on the progress of this section on or before November 1,  
19 2013, to the Joint Legislative Education Oversight Committee.

20 **SECTION 2.** There is appropriated from the General Fund to the  
21 Department of Public Instruction, the sum of eighty thousand dollars (\$80,000) for the  
22 2012-2013 fiscal year to provide administrative support to the North Carolina  
23 Procurement Alliance.

24 **SECTION 3.** There is appropriated from the General Fund to the  
25 Department of Public Instruction, the sum of five hundred seventy-five thousand dollars  
26 (\$575,000) for the 2012-2013 fiscal year to provide each local school administrative  
27 unit with a sum of five thousand dollars (\$5,000) to purchase chopping and slicing  
28 devices, or other equipment, that would encourage the purchase by child nutrition

LEGISLATIVE PROPOSAL IV

1 programs, and consumption by school children, of locally grown fresh fruits and  
2 vegetables.

3 **SECTION 4.** This act becomes effective July 1, 2012.  
4

LEGISLATIVE PROPOSAL V

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-SHz-15 [v.2] (04/25)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/26/2012 9:36:08 AM

Short Title: Simplify School Beverage Contract Bids.

(Public)

---

Sponsors:

---

Referred to:

---

A BILL TO BE ENTITLED

1 AN ACT TO SAVE MONEY BY REMOVING LOCAL SCHOOL  
2 ADMINISTRATIVE UNITS FROM THE SEPARATE BID REQUIREMENTS  
3 FOR JUICE AND WATER, AS RECOMMENDED BY THE HOUSE SELECT  
4 COMMITTEE ON CHILDHOOD OBESITY.  
5

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** G.S. 143-64 reads as rewritten:

8 **"§ 143-64. Beverages contracts.**

9 ~~Notwithstanding any other provision of law, local school administrative units,~~  
10 ~~community colleges, and constituent institutions~~ Notwithstanding any other provision of  
11 law, community colleges and constituent institutions of The University of North  
12 Carolina shall competitively bid contracts that involve the sale of juice or bottled water.  
13 Contracts for the sale of juice and contracts for the sale of bottled water shall each be  
14 bid separately from each other and separately from any other contract, including  
15 contracts for other beverages or vending machine services. ~~The local school~~  
16 ~~administrative units, community colleges,~~ Community Colleges and constituent  
17 institutions may set quality standards for these beverages, and these standards may be  
18 used to accept or reject a bid."  
19

**SECTION 2.** This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-18 [v.3] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 11:48:42 AM

Short Title: School Meal Time.

(Public)

---

Sponsors: Representative Unknown.

---

Referred to:

---

A BILL TO BE ENTITLED

1  
2 AN ACT TO DIRECT THE STATE BOARD OF EDUCATION AND THE  
3 DEPARTMENT OF PUBLIC INSTRUCTION TO DETERMINE OPTIMAL SEAT  
4 TIME FOR STUDENTS EATING MEALS IN PUBLIC SCHOOLS AND TO  
5 EXPLORE MEAL TIME OPTIONS, AS RECOMMENDED BY THE HOUSE  
6 SELECT COMMITTEE ON CHILDHOOD OBESITY.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.(a).** In an effort to encourage students to have ample time and  
9 opportunities for meals, the State Board of Education and the Department of Public  
10 Instruction shall (i) determine the optimal amount of seat time students need for  
11 breakfast and lunch; and (ii) explore innovative options for utilizing meal time as  
12 instructional time.

13 **SECTION 1.(b).** The State Board of Education and the Department of  
14 Public Instruction shall report on the findings and recommendations related to this  
15 section to the Joint Legislative Education Oversight Committee on or before January 1,  
16 2014.

17 **SECTION 2.** This act becomes effective when it becomes law.

LEGISLATIVE PROPOSAL VII

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-TLz-19 [v.6] (04/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/26/2012 10:05:16 AM

Short Title: Promote Local/Healthy Food.

(Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO WORK TOWARD DECREASING OBESITY IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPANTS BY INCREASING THEIR PARTICIPATION IN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) AND MAKING FRESH, LOCALLY GROWN PRODUCE AVAILABLE BY INCREASING THE ACCEPTANCE OF ELECTRONIC BENEFITS TRANSFER (EBT) CARDS AT FARMERS MARKETS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a).** The Department of Health and Human Services shall increase the participation of eligible recipients in Supplemental Nutrition Assistance Program Education (SNAP-ED), which is an optional federal grant program that addresses nutrition education.

**SECTION 1.(b).** The Department of Health and Human Services shall report on the progress of this section by October 1, 2013 to the Joint Legislative Oversight Committee on Health and Human Services.

**SECTION 2.(a).** The Department of Agriculture and Consumer Services and the North Carolina Department of Health and Human Services shall work collaboratively to (i) increase the number of farmers markets accepting Supplemental Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) cards; and (ii) make the location of these farmers markets known to program recipients.

**SECTION 2.(b).** The Department of Agriculture and Consumer Services and the Department of Health and Human Services shall make an interim report by March 1, 2013 and a final report by November 1, 2013 to the Joint Legislative Oversight Committee on Health and Human Services.

**SECTION 3.** This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-TLz-20 [v.1] (04/16)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/16/2012 1:15:31 PM

Short Title: Continue the Sustainable Local Food Advisory . (Public)

---

Sponsors: Representative Unknown.

---

Referred to:

---

A BILL TO BE ENTITLED

1  
2 AN ACT TO CONTINUE THE WORK OF THE SUSTAINABLE LOCAL FOOD  
3 ADVISORY COUNCIL, AS RECOMMENDED BY THE HOUSE SELECT  
4 COMMITTEE ON CHILDHOOD OBESITY.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.(a).** The North Carolina Sustainable Local Food Advisory  
7 Council, as established by Session Law 2009-530, shall continue to contribute to a local  
8 food economy by considering and developing policies related to North Carolina's  
9 agricultural sector and economic development as provided under G.S. 106-830.

10 **SECTION 1.(b).** Section 4 of Session Law 2009-530 reads as rewritten:

11 "This act is effective when it becomes law and shall expire on July 31, ~~2012~~2015."

12 **SECTION 2.** This act is effective when it becomes law.

LEGISLATIVE PROPOSAL IX

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-RJz-4 [v.9] (04/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
4/26/2012 2:57:54 PM

Short Title: Task Force & Work Group on PE and Fitness.

(Public)

Sponsors: Representative Unknown.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE TASK FORCE ON PHYSICAL EDUCATION AND  
PHYSICAL ACTIVITY IN SCHOOLS AND TO DIRECT THE STATE BOARD  
OF EDUCATION TO COORDINATE A WORK GROUP TO EXAMINE THE  
CURRENT STATUS OF DATA COLLECTION FROM FITNESS TESTING  
CONDUCTED IN KINDERGARTEN THROUGH EIGHTH GRADE, AS  
RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON CHILDHOOD  
OBESITY.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** There is established the Task Force on Physical Education  
and Physical Activity in Schools (Task Force).

**SECTION 1.(b)** The Task Force shall consist of 16 members appointed as  
follows:

- (1) Eight members appointed by the President Pro Tempore of the Senate,  
to include:
  - a. Three members of the Senate, with one designated to serve as a  
cochair.
  - b. A local school administrator, as recommended by the North  
Carolina Association of School Administrators.
  - c. A representative from a public nonprofit organization  
promoting healthy lifestyles for children, addressing the  
problems related to childhood obesity, and increasing physical  
activity among children, as recommended by the North  
Carolina Alliance for Health.
  - d. A physician who specializes in the treatment of childhood  
obesity, as recommended by the North Carolina Academy of  
Family Physicians.
  - e. A representative of the Department of Public Instruction.

LEGISLATIVE PROPOSAL IX

- 1 f. A representative of the Division of Public Health of the  
2 Department of Health and Human Services.
- 3 (2) Eight members appointed by the Speaker of the House of  
4 Representatives, to include:
- 5 a. Three members of the House of Representatives, with one  
6 designated to serve as a cochair.
- 7 b. A local school board member, as recommended by the North  
8 Carolina School Boards Association.
- 9 c. A local elected official, as recommended by the North Carolina  
10 Association of County Commissioners.
- 11 d. A physical education specialist, as recommended by the North  
12 Carolina Alliance for Athletics, Health, Physical Education,  
13 Recreation and Dance.
- 14 e. A representative of the State Board of Education.
- 15 f. A classroom teacher, as recommended by the North Carolina  
16 Association of Educators.

17 Recommendations for Task Force members shall be submitted to the  
18 appointing authority 30 days after enactment of this act. Vacancies on the Task Force  
19 shall be filled by the same appointing authority making the initial appointment. A  
20 quorum of the Task Force shall be a majority of its members.

21 **SECTION 1.(c)** The Task Force shall examine issues relating to physical  
22 education, physical activity, and fitness testing data collection in the schools. In the  
23 course of the study, the Task Force shall consider and recommend to the General  
24 Assembly a strategic plan, including implementation dates, that provides:

- 25 (1) Physical education for every student in kindergarten through eighth  
26 grade for the entire school year, including students with disabilities  
27 and those in alternative education programs. Students in the  
28 elementary schools shall participate in physical education for at least  
29 150 minutes during each school week, and students in middle school  
30 shall participate for at least 225 minutes during each school week.
- 31 (2) A physical education curriculum consistent with the National  
32 Association of Sports and Physical Education (NASPE) standards. The  
33 planned instructional program with specific objectives shall be  
34 delivered by a licensed instructor.
- 35 (3) Methods to provide cost-effective and adequate spaces, facilities,  
36 equipment, supplies, and operating budgets necessary to achieve the  
37 objectives of the physical education program.
- 38 (4) A list of possible funding sources, including potential public-private  
39 partnerships, to provide long-term sustainability for physical education  
40 in schools.
- 41 (5) Methods to increase the amount of time that students in kindergarten  
42 through eighth grade are engaged in daily moderate to vigorous  
43 physical activity outside of physical education.
- 44 (6) Methods to collect and analyze fitness testing data in order to monitor  
45 student fitness levels over time based on recommendations from the  
46 work group.

LEGISLATIVE PROPOSAL IX

1           (7) Any other issue that the Task Force considers relevant to its charge.

2           **SECTION 1.(d)** Members of the Task Force shall receive per diem,  
3 subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as  
4 appropriate. The Task Force, while in the discharge of its official duties, may exercise  
5 all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4.  
6 The Task Force may meet at any time upon the joint call of the cochairs. The Task  
7 Force may meet in the Legislative Building or the Legislative Office Building.

8           With approval of the Legislative Services Commission, the Legislative  
9 Services Officer shall assign professional staff to assist the Task Force in its work. The  
10 House of Representatives' and the Senate's Directors of Legislative Assistants shall  
11 assign clerical staff to the Task Force, and the expenses relating to the clerical  
12 employees shall be borne by the Task Force. The Task Force may contract for  
13 professional, clerical, or consultant services as provided by G.S. 120-32.02. If the Task  
14 Force hires a consultant, the consultant shall not be a State employee or a person  
15 currently under contract with the State to provide services.

16           All State departments and agencies and local governments and their  
17 subdivisions shall furnish the Task Force with any information in their possession or  
18 available to them.

19           **SECTION 1.(e)** The Task Force shall submit an interim report to the 2013  
20 Regular Session of the 2013 General Assembly on or before January 15, 2013, and  
21 submit a final report of the results of its study and its recommendations to the 2014  
22 Regular Session of the 2013 General Assembly on or before May 1, 2014. The Task  
23 Force shall terminate on May 15, 2014, or upon the filing of its final report, whichever  
24 occurs first.

25           **SECTION 2.(a)** The State Board of Education shall coordinate a work group  
26 to examine the current status of data collection from the fitness testing conducted in  
27 kindergarten through eighth grade. The work group shall focus on methods to (i) collect  
28 reliable data from the fitness testing; (ii) appropriately share the data among State  
29 agencies; (iii) monitor fitness levels of students over time; and (iv) identify possible  
30 funding sources that will provide long-term sustainability for data collection activities.

31           **SECTION 2.(b)** The workgroup shall include representatives from the  
32 Department of Public Instruction; the Division of Public Health, Department of Health  
33 and Human Services; the North Carolina Alliance for Athletics, Health, Physical  
34 Education, Recreation, and Dance; the American Heart Association; and other interested  
35 stakeholders.

36           **SECTION 2.(c)** The work group shall report its findings and  
37 recommendations to the Task Force on Physical Education and Physical Activity in  
38 Schools by June 30, 2013.

39           **SECTION 3.** This act is effective when it becomes law.