

NORTH CAROLINA GENERAL ASSEMBLY



TASK FORCE ON CHILDHOOD OBESITY

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

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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,

Senator William Purcell
Cochair

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 8th 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 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 five 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 2012-13 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 Phillip 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 Schools 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. 65 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 in the community,
- Create and maintain trails and greenways,
- Safer routes to/from school,
- Create and maintain parks and open space,
- 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 Schools 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 better. The breastfeeding mother also experienced greater post partum weight loss which is often a benefit of breastfeeding. In the scenario where the mother fed her child formula, she did not experience a post partum 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

1 AN ACT TO DIRECT THE DIVISION OF SOCIAL SERVICES OF THE
2 DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXAMINE WAYS
3 TO EXPAND AND ENHANCE THE SUPPLEMENTAL NUTRITION
4 ASSISTANCE PROGRAM IN NORTH CAROLINA, AS RECOMMENDED BY
5 THE LEGISLATIVE TASK FORCE ON CHILDHOOD OBESITY.
6

7 The General Assembly of North Carolina enacts:

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

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

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

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

18 Not later than September 1, 2011, the Department shall report its findings and
19 recommendations on the directives outlined in subdivisions (1) through (3) of this
20 section to the Legislative Task Force on Childhood Obesity, if reestablished for the
21 2011-2012 Session, to the Public Health Study Commission, and to the Fiscal Research
22 Division.

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

28 **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 The General Assembly of North Carolina enacts:

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

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

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:

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC INSTRUCTION TO USE
2 A SPECIFIED AMOUNT OF CHILD NUTRITION PROGRAM FUNDS AS
3 REQUIRED STATE MATCHING FUNDS FOR MEALS UNDER THE
4 NATIONAL SCHOOL LUNCH PROGRAM, AS RECOMMENDED BY THE
5 LEGISLATIVE 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 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:

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.

The General Assembly of North Carolina enacts:

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

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

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

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

The statewide nutrition standards shall be implemented in elementary schools by the end of the 2011-2012 school year, in middle schools by the end of the 2012-2013 school year, and in high schools by the end of the 2013-2014 school year. ~~for school meals, a la carte foods and beverages, and items served in the After School Snack Program administered by the Department of Public Instruction and child nutrition 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:

A BILL TO BE ENTITLED

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

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:

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.

The General Assembly of North Carolina enacts:

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

- (1) Increasing the educational components of the Farm to School Program.
- (2) Developing and maintaining a list of farmers interested in selling farm products to school systems in this State.
- (3) Encouraging more school systems to participate in the Farm to School Program.
- (4) Expanding the current efforts of participating school systems in the Farm to School Program.
- (5) Providing technical assistance to farmers on participation in the Farm to School Program.
- (6) Seeking opportunities to standardize the small purchase threshold for child nutrition programs to facilitate the purchase by school systems of farm products from local farmers.
- (7) Working with the Department of Public Instruction to create Farm to School Program curriculum materials or to revise existing materials to 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

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.

The General Assembly of North Carolina enacts:

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

"§ 115C-81.5. Fitness testing.

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

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

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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

1 AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN
2 SERVICES TO EXPLORE WAYS TO IMPLEMENT BODY MASS INDEX
3 SCREENING FOR CERTAIN CHILDREN WHO ARE AT RISK OF BECOMING
4 OBESE AND TO REDUCE BODY MASS INDEX LEVELS FOR ALL
5 CHILDREN, AS RECOMMENDED BY THE LEGISLATIVE TASK FORCE ON
6 CHILDHOOD OBESITY.
7

8 The General Assembly of North Carolina enacts:

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

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

- 17 (1) Establishing performance goals within each CCNC network that
18 includes each of the following components:
19 a. Care management for children who are at risk of becoming
20 obese and developing diabetes or other chronic diseases.
21 b. Annual BMI screening to identify the percentage of children
22 who have a BMI test and the percentage of children who have a
23 decrease in BMI levels.
24 (2) Developing a uniform protocol across the CCNC network to ensure the
25 integrity and confidentiality of information collected through BMI
26 screening.
27 (3) Implementing reliable methods of collecting data utilizing fitness
28 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:

A BILL TO BE ENTITLED

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

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.

Number of Meals Served in North Carolina Public Schools	
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

Projected Annual Cost of 5-cent Supplement by Grade Level			
Number of Meals Served by Grade Level		Apply 5-cent Supplement @ Meal	Annual Cost of 5-cent Supplement
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		

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