

National Nutrition Summit, May 30, 2000: Results of the Obesity Discussion Groups

Chris Stockmyer, Sarah Kuester, David Ramsey, and William H. Dietz

Abstract

STOCKMYER, CHRIS, SARAH KUESTER, DAVID RAMSEY, AND WILLIAM H. DIETZ. National Nutrition Summit, May 30, 2000: results of the obesity discussion groups. *Obes Res.* 2001;9:41S-51S.

On May 30th and 31st, 2000, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture held the National Nutrition Summit in Washington, DC. The Summit provided an opportunity to highlight accomplishments in the areas of food, nutrition, and health since the landmark 1969 White House Conference on Food, Nutrition, and Health; to identify continuing challenges and emerging opportunities for the nation in these areas; and to focus on nutrition and lifestyle issues across the life span, particularly those related to the nation's epidemic of overweight and obesity.

The Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, and Centers for Disease Control and Prevention set the agenda for the seven obesity-related discussion groups of the National Nutrition Summit. The groups discussed the influences on obesity related to the following: 1) community physical activity environments, 2) community food environment, 3) family, 4) school, 5) worksite, 6) healthcare system, and 7) media. The discussion groups were open to all who wished to attend. Discussants were asked to identify actionable priorities and, for each priority, to capture relevant ideas, considerations, barriers, and possible collaborators.

The six overarching themes that emerged from the obesity discussion groups (not in priority order) were as follows: 1) Supportive environments to promote and practice healthy behaviors are needed. 2) Interventions should use multichannel and culturally relevant approaches to target high-risk groups such as inactive children and youth who have high exposure to the top of the Food Guide Pyramid.

3) Prevention and treatment of obesity must become a health-care priority if the obesity epidemic is to be reversed. 4) Additional research is needed in the areas of behavioral change, cost-effectiveness of interventions, and identification of exemplary practices and programs to change population behaviors. 5) Better federal agency coordination is needed along with more partnerships of public and private interests at the federal, state, and local levels. 6) National campaigns are needed that target specific behavioral change.

Introduction

The U.S. Department of Health and Human Services (USDHHS) and the U.S. Department of Agriculture (USDA) sponsored the National Nutrition Summit in Washington, DC, on May 30th and 31st, 2000. The Summit provided an opportunity to highlight accomplishments in the areas of food, nutrition, and health since the landmark 1969 White House Conference on Food, Nutrition, and Health; to identify continuing challenges and emerging opportunities for the nation in these areas; and to focus on nutrition and lifestyle issues across the life span, particularly those related to the nation's epidemic of overweight and obesity.

The 1969 White House Conference brought public attention to the importance of nutrition in the life and well-being of the nation. Several landmark policy efforts with profound and lasting effects emerged from that conference, including expansion of the food stamp program, the Special Supplemental Nutrition Program for Women, Infants, and Children program, food labeling, and the school lunch program. Hunger was a motivating force behind the 1969 White House Conference. Although considerable progress has been made in solving this problem, serious concerns remain about food security in some segments of the U.S. population.

During the 1990s, substantial progress was made toward achieving some of the nutrition targets for *Healthy People 2000*, the nation's prevention agenda, including an encouraging increase in the intake of fruits and vegetables and the emergence of effective food labeling. However, the rising prevalence of overweight and obesity has been troubling. To counter this trend, strategies and programs for maintaining or losing weight must become a higher public health priority.

Submitted for publication July 27, 2000.

Accepted for publication in final form February 1, 2001.

Address correspondence to Chris Stockmyer, M.P.H., R.D., CDC, National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway, NE, Mailstop K-26, Atlanta, GA 30341.

Copyright © 2001 NAASO

The National Nutrition Summit included seven discussion groups on obesity. The Division of Nutrition and Physical Activity (DNPA) of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) of the Centers for Disease Control and Prevention (CDC) set the agenda for the groups whose topic areas were chosen after analysis of public and invited comments and receipt of advice from an obesity planning committee of researchers, educators, and clinicians.

The CDC selected nationally known experts to moderate and facilitate the discussion groups, which focused on how community physical activity environments, community food environments, family, school, worksite, healthcare practice and policy, and the media influence America's obesity problem and the changes needed to prevent or decrease the prevalence of overweight and obesity. Each group opened with brief presentations by the moderators, then discussed and developed ideas to address their area of focus. After that, the group identified the top actionable strategies. A brief discussion of the specific recommendations is included under each actionable priority. In addition, various considerations and ideas including possible barriers and collaborators are identified.

INFLUENCES OF COMMUNITY PHYSICAL ACTIVITY ENVIRONMENTS ON OBESITY

The moderators were Mark Fenton, Editor-at-Large, *Walking Magazine*; and Kathy Spangler, Director, National Programs, National Recreation and Park Association.

The group's purpose was to focus on community infrastructure and networks that promote health. This discussion group considered those networks that affect physical activity and recommended ways that communities and neighborhoods can promote healthy weight and prevent obesity in priority populations.

The introduction by Mark Fenton and Kathy Spangler shared their viewpoint with the session participants regarding the influence of community physical activity environments on obesity. The key principles discussed by the group were to eliminate inequities in the opportunities for regular physical activity and to reduce barriers across all groups. Eliminating disparities, one of the goals of *Healthy People 2010*, requires surveillance and programming appropriate for diverse communities and needs. The least active persons in high-risk environments need to be reached by targeted programs and approaches. Opportunities and barriers must be inventoried in various communities to consider eliminating and hurdling barriers facing these communities. In addition, there is still a need for reliable and valid indicators of physical activity.

Actionable Priority: Social Marketing Agenda

A social marketing agenda would work to improve the acceptance of physical activity, increase incentives for

participation, and enhance the attractiveness of physical activity (i.e., make it attractive to walk or ride a bike routinely). Early targets include state government and public health agencies.

Ideas and Considerations

- The social marketing agenda should address widely diverse target audiences from across the life span and in different geographic locations, looking especially at high-risk populations. Messages need to be culturally relevant and build on social norms and infrastructure.
- Funding could come from the healthcare sector or from the taxation of unhealthy foods. In addition, who will develop and deliver the message and how active community environments will be promoted to diverse groups must be resolved.

Actionable Priority: Infiltrate and Recruit Communities through Schools

One way to reach communities would be through schools, by universally applying a redesigned physical education program that focuses on inclusion, activity, and lifelong activity skills.

Ideas and Considerations

- Parent-teacher organizations and community groups can involve senior citizens and other community members through school-based facilities and programs. State and local leaders need to be informed of such opportunities.
- Schools can support the nationwide initiative *Safe Routes to School*.
- Schools can create more active environments for faculty and staff and offer the opportunity for cross-curricular efforts. They also can offer facilities for physical activity.
- Schools can act as community activity centers, providing lifelong education not only to children but also to other community members, such as senior citizens.

Actionable Priority: Improve Community Infrastructure

Community infrastructure could be improved through intersectoral cooperation (e.g., health, transportation, planning, and public service sectors). Public health groups need to work with and through these entities to promote change.

Ideas and Considerations

- To begin this strategy, advocacy and support are needed. Intersectoral cooperation could be initiated by convening community-level discussions, perhaps facilitated by public health agencies or prevention research centers.
- Communities with high densities and communities with mixed use of land (e.g., residential and commercial) should consider bike/pedestrian facilities and traffic-calming strategies to improve infrastructure and increase opportunities for physical activity.

- Transportation initiatives need to continue working with “smart growth” initiatives. Zoning and infrastructure can help make smart growth, which equals healthy growth.

Actionable Priority: Develop Commitment and Leadership of Elected Officials and Public Servants

Commitment from elected officials and public servants is needed to overcome barriers within the community. Policy-makers need to be educated and provided with economic data and effective solutions such as opportunities for community-planning grants. Governmental commitment to change needs to be developed at national, state, and local levels. At the national level, the White House, Cabinet, and Congress need the will to make change and the desire to take initiative.

Ideas and Considerations

- Interagency dialogue at regular intervals (e.g., between the Departments of Health and Human Services, Transportation, Commerce, Interior, and Justice) could help redesign political infrastructure and lay out clear benchmarks and goals, measurable outcomes, and specific responsibilities.
- Targeted funding for research and surveillance needs to be established.
- A national network and clearinghouse could help facilitate interagency dialogue and commitment among elected officials and public servants.
- Educational facilities are interested in economic (and academic) benefits. We must be able to demonstrate that good nutrition and physical activity are economically and academically beneficial.

INFLUENCES OF COMMUNITY FOOD ENVIRONMENTS ON OBESITY

The moderators were Lisa Katic, Director, Scientific and Nutrition Policy, Grocery Manufacturers of America; Bill Layden, Senior Vice President, Porter Novelli; and Marion Nestle, Department of Nutrition and Food Studies, New York University.

The purpose was to focus on the availability, presentation, and nutritional qualities of food, which are all important in weight maintenance. This group discussed influences on the food environment (producers, marketers, and restaurants, etc.) that affect obesity and recommended ways to modify the environment to promote obesity prevention.

The introduction by Bill Layden presented results from the recent Partnership to Promote Healthy Eating and Active Living meeting. The Partnership meeting developed a conceptual framework to provide a holistic perspective on the inter-related, multidimensional, and multilevel factors that affect eating and physical activity behaviors. Marion Nestle shared her perspective on how the environment makes it easy for Americans to overeat through overproduction of food, aggressive advertising and enticements, and political pressures placed on the government by the food industry. Lisa Katic reported

that food industry initiatives are moving forward, including the support of a nationwide food and health strategy, pursuit of product development capabilities, and the continuation of already-established educational efforts on nutrition and physical activity.

Actionable Priority: Develop a Strategic National Plan of Action

Participants agreed that the National Nutrition Summit provided a unique opportunity to address important issues but that the experience should not stop with the Summit. The participants strongly believe that the country needs to develop a strategic national plan of action to overcome the fragmentation at the federal level.

Ideas and Considerations

- Participants wanted a refined process for developing a strategic national action plan.
- Designate a lead federal agency to organize and develop the action plan and put sufficient funds into education about nutrition and weight to support the national plan.
- Develop a unified campaign with one common message.
- Organize a planning effort comparable with *Healthy People 2010*. The resulting plan would be used to achieve the existing national goals and objectives within a defined period of time. This type of plan could be used to integrate the fragmented efforts of today into a cohesive national effort to effect change.
- A possible vehicle could be the development of a strategic national plan of action as part of the U.S. Surgeon General’s Report on Obesity.
- The plan could model its organization on the National Cholesterol Education Program.
- There is a need for appropriate group representation (i.e., inclusiveness).
- Some barriers to this priority include bureaucracy and the lack of unifying direction at the federal level. In addition, agreement on issues takes longer than may be politically feasible.

Actionable Priority: Focus on Energy Balance

A clear message is needed that obesity is a serious problem. To prevent the increasing prevalence of obesity, consumers must focus attention on caloric balance. Strategies should be developed from the perspective of both weight maintenance and decreasing weight. Achieving these goals may mean eating more fruits and vegetables. However, the focus needs to be broader than the 5-A-Day for Better Health campaign.

Ideas and Considerations

- Determine the target audience for the campaign. The group discussed the need to apply consumer-based communication strategies to target and segment audiences. Determine the potential partners, collaborators, and funders needed to develop and disseminate the messages.

- Conduct qualitative and quantitative research with consumers to understand how to communicate the energy balance message. In particular, the group discussed the need to apply consumer marketing research principles and approaches to develop compelling messages to help the target audience recognize that information alone about obesity, weight, and energy content of food, etc. is unlikely to achieve behavior change.
- Conduct research to benchmark population behaviors regarding energy balance. Develop research that determines current consumer attitudes at baseline.
- Study populations that successfully balance their energy needs. Determine the knowledge, behavior, and skills of these groups that could be transferred to populations ready to make changes but needing assistance.
- Involve communities in the planning process so that the messages and interventions are community driven.
- Develop a community pilot intervention project, or “living community laboratory,” to test approaches and tactics continuously.
- Create public-private partnerships to bridge organizational boundaries and establish the interconnections needed at the community level to sustain intervention.
- Increase the number of consumers who balance their energy needs by the year 2010.
- National legislation is needed to fund initiatives that target obesity prevention.
- Develop a nationwide curriculum that includes information about calories and how they contribute to obesity. Determine potential partners, collaborators, and funding sources.
- Current nutrition messages are confusing to consumers. The group discussed the concern that consumer interest in nutrition and physical activity may be decreasing because of the deluge of often-conflicting information reported in the media and the fragmented nature of existing campaigns.
- In addition, too many groups are focused on weight, when the focus should be on eating healthfully and being more active.
- Another barrier is the lack of coordinated effort between entities such as government, food industry, healthcare, and education. Partnerships between these groups (to develop a unified campaign) will help to amplify the messages about energy balance and make them consistent for consumers.

Actionable Priority: Develop Mechanisms to Educate the Public about Reasonable Portion Sizes of Food

One of the reasons people are gaining weight may be that they are eating too much food, which may be because serving sizes are so large. It is difficult for consumers to recognize the size of a reasonable serving.

Ideas and Considerations

- Use consistent serving sizes to develop a program for consumer education. Educate individuals about the ca-

loric value of a serving size. Increase the level of awareness of the high calorie content of large servings. For example, the Food Guide Pyramid recommends 6 to 11 bread/grain servings, but consumers may not know that many of today’s bagels equal 4 servings.

- Develop a national symbol for serving sizes (e.g., a special shape with a number inside to indicate the number of servings in a container). For example, a bag of popcorn at the movies containing 18 servings would include the symbol “18.” Apply the symbol to restaurant food.
- The USDA and the Food and Drug Administration should harmonize their serving-size guidelines to help educate the general public. Because current serving-size standards differ from what people are actually eating, perhaps all serving-size standards should be increased. Congress would have to vote on changes in the Nutrition Labeling and Education Act. The food industry may discourage this action because of the cost of changing food labels. In addition, the restaurant industry would resist because of cost. Another barrier would be the economic advantages to the food industry of providing larger serving sizes.
- Develop government price supports for healthful eating, which could include subsidies for the cost of fruits and vegetables, or promote an education campaign.
- It is difficult for schools to compete with fast foods and soft drinks. Federal funding for school meals could be tied to the ratio of eligible students to meals sold (users). The extra money would improve the school meal program and thus attract more students to healthier meals.
- Promote community involvement so that healthful choices are available and unhealthy practices (e.g. offering extraordinary serving sizes) are discouraged.
- Identify what motivates consumers to change habits. Is it peer pressure, role models, shock (e.g., experiencing a heart attack), parental influence, living for today, or thinking of the future?

Actionable Priority: Develop Compelling Economic Data to Demonstrate the Value of Obesity Prevention

The lack of compelling data makes it difficult to show vested organizations the economic benefit of increased physical activity, healthful eating, and reduced obesity. The challenge of raising money for interventions designed to reduce overweight or obesity through worksites, schools, healthcare organizations, insurance companies, or communities hinges on demonstrating the benefits of reducing obesity. The group focused on the value of developing such economic data to show how worksites and healthcare organizations can work together.

Ideas and Considerations

- Review the literature to assess availability of data on the economic benefit of a healthy lifestyle (nutrition and physical activity). Focus on reduced or balanced calorie intake.

- Use a more compelling measurement, such as quality of life, because the economic benefit of prevention may not be sufficiently convincing (cost per person may be too high).
- Raise awareness that payers for healthcare have increased expenditures because of poor lifestyle choices made by employees or other insured people.
- Determine the economic benefit of weight loss to the individual and to society. Determine who benefits.
- Outcome-based research on the economic benefits of healthy lifestyle behaviors is needed that incorporates nutrition and physical activity data; this research should be shared with worksites, employers, and insurance companies. Prove the economic consequences of the health consequences in terms they understand.
- Value judgments are involved in the formula. What parameters should be selected to measure someone's health? Selection is subjective and hard to evaluate. For example, a worksite could select smoking only rather than nutrition and physical activity issues, because smoking cessation is what the company values.

FAMILY INFLUENCES ON OBESITY

The moderators were Tom Baranowski, Baylor College of Medicine; and Shiriki Kumanyika, University of Pennsylvania School of Medicine.

A family has significant control over the values and behaviors of its members. This discussion was focused on families and the ways that they can contribute to or prevent obesity in family units.

The introduction by Tom Baranowski discussed the importance of implementing interventions in the way that they are designed so as to determine mediating variables. Shiriki Kumanyika conceptualized the family factors that contribute to or protect against the development of obesity. She added that "families" might be thought of or defined in numerous ways and recommended that we should define them broadly.

Actionable Priority: Media Messages to Families

Develop a media campaign with messages that promote healthy family lifestyles and disseminate this message through a variety of venues. It would be helpful to examine and use the lessons learned from other issues (e.g., the "tobacco world").

Ideas and Considerations

- The discussion group believes that a lot is known about successful interventions and that action needs to occur now as a follow-up to the National Nutrition Summit.
- Messages that might be incorporated in a campaign include the following: awareness that families are influential and can have a positive impact on eating and activity; promotion of dietary guidelines; risk identification (e.g., what does body mass index [BMI] mean and how is it

used?); linkage of obesity to disease; and being healthy—not focusing on fad diets or body image. Media are vital to create awareness; however, media alone may not change behavior. Other intervention activities are needed to complement their efforts.

- Messages should also address how to help people restructure their lives. Once funding has been attained, we need to develop resources such as proven messages and commitment by organizations, public figures, and media, etc. to speak on and promote these messages.

Actionable Priority: Research, Evaluation, and Theory

Develop research programs to determine the causes of eating and activity behavior of family members that relate to the family itself, interventions that alter these behaviors, and culturally sensitive interventions effective in reducing the prevalence of obesity by targeting critical variables.

Ideas and Considerations

- Some issues may arise in funding joint research on nutrition and physical activity. After research is completed, it may be difficult to find journals that will publish such combined research. Basic and applied researchers often disagree about which area has more meaning and impact. Both types of research are needed, however, to help move efforts forward.
- The strategy will require connecting families to schools, churches, social service organizations, clubs, health systems organizations, and physicians to deliver the interventions. It is important to include populations that vary culturally, economically, and educationally in the intervention efforts. Evaluation of the different types of interventions is also crucial.

Actionable Priority: Family Empowerment—Skills Building, Personal Responsibility

Families are responsible for the health and behaviors of their members. Parents need help to assume more of this responsibility. In some cases, parents need to be taught skills in behavioral management, meal planning, and parenting. Many parents believe that behaviors are inherited and thus not their responsibility, and they may need to learn that genetics does not determine behavior. Theoretical models may help parents assume their responsibilities.

Ideas and Considerations

- Coach families to identify goals for nutrition and physical activity.
- Equip families with practical means to meet their goals for enhancing nutritional health and physical activity.
- Identify healthy conveniences that address the time constraints faced by many families.

- Share creative ideas for developing an atmosphere of wellness (e.g., develop a parent guide and encourage parents to model positive behaviors for their children).
- Is time really the issue or is it just an excuse? Is there some other factor?

Actionable Priority: Incentives and Facilitation—Family Supports (Millennium Family Center)

During the brainstorming session, suggestions were made to develop and implement family and community centers that are user-friendly, fun, and safe. In some places, they may be referred to as “Millennium Family Centers.”

Ideas and Considerations

- Establish Millennium Family Centers that will build in opportunities and incentives for healthy eating and physical activity as a part of family-centered programming within neighborhoods.
- The Millennium Family Center would involve schools as a possible focal point for many community development activities and for family and community participation. These centers would be used to promote healthy eating and physical activity and to involve families and help them deal with some of the issues that make it difficult to maintain a healthy lifestyle.
- A lead funding agency, foundation, or corporation must be identified. Establishment of an advisory board will be necessary to further develop the concept of the Millennium Family Centers and to develop potential guidelines for a Request For Application (RFA) for pilot sites across the U.S. RFAs should include theoretical constructs, implementation, and evaluation components. The funding agency should fund 3-year projects. The pilot sites should assemble and make recommendations for Millennium Family Centers in other neighborhoods.

Actionable Priority: Increase the Effectiveness and Relevance of Nutrition Programs

Identify existing nutrition education programs that work with families and ways to make them more effective in implementing obesity intervention/reduction/management within the targeted audiences.

Ideas and Considerations

- Resources must be provided for staff training appropriate to the current population, including training for peer counselors, developing linkages to other resources, and locating financial support.
- All stakeholders must be brought to the table (e.g., families, organizations, etc.). The level of client involvement that is implied may not be acceptable to some programmers.

SCHOOL INFLUENCES ON OBESITY

The moderators were Steven Gortmaker, Senior Lecturer, Center for Children’s Health, Harvard School of Public

Health; and Catherine Cowell, Clinical Professor, Mailman School of Public Health, Columbia University.

The school serves as a learning center for academic performance and for physical activity and nutrition. This discussion focused on all aspects of the school environment and how these factors contribute to obesity or work to prevent it.

In their introduction, Steven Gortmaker and Catherine Cowell shared their perspectives with session participants regarding the influence of schools on obesity. They discussed how primary prevention begins with the first infant feeding and continues as food patterns develop with reinforcement at each subsequent feeding. Childcare programs and primary schools provide unlimited opportunities for nutrition and physical activity projects that can lead the development of behaviors that prevent overweight and obesity. Therefore, schools have an important public health and educational role to play in promoting healthy eating and physical activity.

Many participants expressed concern about negative trends in schools, notably the cutbacks in school physical education requirements, the elimination of recess in many elementary schools, and the increasing availability of low-nutritive foods and beverages on school campuses.

Actionable Priority: Education of Students

Several recommendations regarding student education were discussed.

Ideas and Considerations

- Work with curriculum developers to develop specific courses of study on nutrition and physical activity and incorporate nutrition and physical activity concepts and principles in a variety of academic subjects.
- Enact legislation for schools to implement curricula shown to be effective in improving diet and physical activity and reducing obesity.
- Seek funding from a variety of sources (such as corporations, foundations, and government agencies) to implement programs that show evidence of effectiveness (examples include Child and Adolescent Trial for Cardiovascular Health (CATCH), Sports, Play, and Active Recreation for Kids (SPARK), Planet Health, Team Nutrition, and Pathways).

Actionable Priority: Education of School Personnel and the Public

Discussants recommended the following strategies for educating school personnel and the public on the importance of good nutrition, physical activity, and obesity prevention for children and adolescents.

Ideas and Considerations

- Increase collaboration between administrators, parents, teachers, the community, the media, and businesses to sup-

- port and value the notion that a healthy child learns better.
- Fund educational programs for school food-service staff, other school personnel, and the public on the importance of good nutrition, physical activity, and obesity prevention for children and adolescents.
 - Assess and disseminate information about school performance before and after implementing key physical activity and nutrition policies.
 - Assess how superintendents and principals perceive their roles and responsibility in promoting and maintaining their students' health.
 - Broaden school report cards to include indicators of physical activity and nutrition.
 - Develop a national campaign about childhood and adolescent obesity with intersectoral and community group involvement to support the campaign. Various groups could be targeted for the campaign, such as school administrators, teachers and other staff, parents, school policymakers and decision-makers, media resources, school food-service staff, parent-teacher associations, and the community as a whole. Appropriate spokespersons to address each target audience should be identified.

Actionable Priority: School Food Service and School Nutrition Environment

Session participants made several recommendations regarding the availability and quality of foods provided in school settings.

Ideas and Considerations

- With leadership from the USDA and USDHHS, initiate a process of dialogue around standards for all foods served and sold in schools and enact legislation or regulations to implement any new nutrition standards resulting from these discussions. In particular, standards for foods and beverages offered outside the school meals programs need to be developed, which address such components as the percentage of sugar, saturated fat, and fruit juice in beverage and snack products; caffeine content; school hours for sales; and access to water.
- Work with the National Accreditation Association of Schools K-12 to add a "healthy school nutrition environment" to their school accreditation programs to strengthen the value of such environments to school administrators and personnel.
- Develop model policies and informational materials (e.g., parent brochures and websites) and use them in campaigns to market nutrition standards and healthy eating choices at school.
- Study the effects on student knowledge, behavior, and attitudes when implementing the school nutrition standards. Studies to identify effective strategies to implement school nutrition standards and policies are also needed.

- Restore the state-based infrastructure for school nutrition education and training, which can enable school districts to train all levels of school food-service employees in nutrition, sanitation, and safety.
- Provide funding to train school administrators and staff in implementing nutrition standards and to support compliance with the standards. Funding is also needed for state-wide coalitions to implement campaigns to promote the nutrition standards.
- Encourage every school district to require school food-service managers to meet state or national certification standards.
- Initiate a dialogue and promote public education about the possible negative consequences of commercial food-marketing practices in schools.

Actionable Priority: Physical Education

Participants proposed several recommendations for school programs to promote physical activity.

Ideas and Considerations

- Conduct research to document the effectiveness of physical education programs in reducing obesity, increasing activity levels, improving fitness, increasing well-being, improving attention in class, and improving academic performance.
- Assess the attitudes of public policymakers, parents, and school faculty and administrators toward physical education and develop a targeted marketing strategy to promote the importance of physical education to each group.
- Advocate state policies that promote funding for and mandate standards in physical education. Identify champions and partners at legislative and technical assistance levels. Create inventories of potential and existing partners in different states and create a marketing plan to approach each potential partner.
- Improve the quality of the physical education curriculum to increase physical activity and to integrate physical education and nutrition with other core curriculum components. Incorporate a wide range of movement and physical activity options in curriculum and cocurricular programs (e.g., recess, after-school, and extended-day programs).

WORKSITE INFLUENCES ON OBESITY

The moderators were Rebecca Reeve, University of Virginia Health Services Foundation; and Garry Lindsay, Partnership for Prevention.

Many adults spend most of their day in the work setting. This discussion group examined the influences of worksites on diet and activity and made recommendations on modifying this environment for obesity prevention.

The introduction by Garry Lindsay described how worksites are a subset of the community at large. Changes in the physical work environment, corporate policy, and corporate

culture are needed to create a supportive worksite environment. Environments that support healthy lifestyle activities are created when employers understand that healthy employees are a good investment in terms of the bottom line. The goal of having a work environment that supports physical activity and good nutrition then becomes mission-driven. Rebecca Reeve emphasized making a business case for a healthy worksite environment. We must translate our public health goals (e.g., healthy employees) to business goals (productivity and competitiveness) to make business sense to employers.

Actionable Priority: Identify Incentives to Encourage Businesses to Provide a "Supportive Environment"

Policies and practices are needed to create an environment that supports physical activity and good nutrition. Examples include healthy food choice options in vending machines, formal policies that encourage supervisors to allow employees to use "flex time" to exercise, installation of showers for employees who want to exercise during the work day, and ensuring clean and safe stairwells.

Ideas and Considerations

- An expert panel is needed to include the business, payer, and provider perspectives. Identify the C. Everett Koop National Health Award winners and what they think we need to do next.
- Health professionals need to think more like business professionals.
- Survey employees to identify the most worthwhile incentives.
- Evaluate resources related to environmental changes.
- Fund and evaluate demonstration projects at the worksite. Establish how to quantify benefits. Information on costs and return on investment are needed to justify the costs of change.
- Offer financial/tax incentives to businesses to adopt prevention-oriented human resources policies.
- Include facility adaptations for employees with disabilities.
- Barriers include lack of middle-management support (e.g., sometimes only union employees can make structural changes), time needed to make physical changes, and lack of space (e.g., no room for a gym or a shower).

Actionable Priority: Establish Third-Party Reimbursement

Third-party reimbursement is needed for health promotion activities including nutrition education and physical activity programs based at the worksite.

Ideas and Considerations

- Build health promotion into the national agenda. Identify which standard or certifying body would determine whether this specific program is reimbursable.

- Measure effectiveness of programs. Evaluation could include health outcomes and long- and short-term cost-effectiveness.
- Establish relationship and buy-in for payer.
- If worksite health promotion is reimbursable, employer costs may drop or they may increase to cover the premium needed to create reimbursement funds.
- Establish guidelines and standards for approved programs and services. Determine who establishes the standards governing the providers of services. Establish criteria to determine "reimbursable" providers. For example, is there a need for American College of Sports Medicine or Certified Health Education Specialist certification to be reimbursed?
- The paperwork burden must be considered.

Actionable Priority: Produce an Annual Report Card

Produce an annual report card on the prevalence of obesity, exercise, and nutrition risk and tie rates to associated costs.

Ideas and Considerations

- Define obesity-related costs using expertise from health economics, biostatistics, and medicine.
- Build on existing work to establish attributable costs. Determine the direct or indirect costs associated with the reported prevalence of adult or childhood obesity, the costs of healthcare, and reduced productivity. Build on the work of Ann Wolf (1,2) and others. For attributable costs, a software package similar to SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) is needed. This would allow making a better "business case" for spending money to reduce obesity.
- Establish a report card based on the leading health indicators of *Healthy People 2010*. Create a way to make it easy for every community in the U.S. to know its prevalence of childhood and adult obesity and use the *Healthy People 2010* goal as a benchmark for successful obesity reduction.
- Define what constitutes adequate cost data. Identify the resources required to create "OAMMEC" (Obesity-Attributable Morbidity, Mortality, and Economic Costs) software.

Actionable Priority: Promote Worksite Policies That Enhance Physical Activity and Healthful Nutrition

Develop and promote policies that enhance physical activity and healthful nutrition at the worksite.

Ideas and Considerations

- Identify and publicize existing successful companies. Convince employers that wellness activities in the worksite, including nutrition and physical activity, make a difference.
- Create employee demand and provide incentives to increase participation.

- Develop a network of sentinel companies to collect data to evaluate the impact of nutrition and physical activity programs on healthcare costs.
- Make the business case (document the value and benefits).
- Work with corporate attorneys to consider legal aspects of promoting worksite wellness activities.
- Incorporate the requirements of Americans with disabilities.
- Barriers include confidentiality issues (if health cost data are included in reports) and employee resistance.

Actionable Priority: Determine and Promote Best Practices in Worksite Wellness Programs

Determine best practices in worksite wellness programs (could use CDC's Best Practices for Comprehensive Tobacco Control Programs as a document model), segment by disparate population groups, and include health outcomes to establish return on investment.

Ideas and Considerations

- Encourage experts in worksite behavior science to develop guidelines and standards for best practices.
- Consider cultural competence during the planning stage and throughout the process.
- Document the biomedical, behavioral, or social science basis for programs that work. Such programs should have a scientific base, documented effectiveness, a proven return on investment, an ethical implementation plan, and a successful marketing message to businesses.
- Engage corporate champions.
- Establish a formal federal structure for worksite health promotion. Currently the responsibility for goals and objectives related to worksite health promotion in *Healthy People 2010* resides in various federal organizations. A goal is to establish a single federal focus, such as the CDC's Division of Adolescent and School Health, which is where federal health promotion activities for school-based programs are found.
- Barriers include gaps in tested interventions and evaluation methods that are less than ideal.
- Determine whether popular programs are desired because they are driven by need or data or because they are simply "feel good" programs. Linking worksite health promotion to productivity and return on investment measures is key to integrating programs into standard business practices.
- There is competition for media air and board time. Determine how to keep this issue in the forefront. Media are tired of some health issues; they are more likely to cover fad diets than sustainable, proven programs.

INFLUENCES OF HEALTHCARE ON OBESITY

The moderators were George Bray, Pennington Biomedical Research Center; Teresa Pearson, HealthPartners (Minnesota); and Mary Story, University of Minnesota.

Prevention and treatment of obesity must become a healthcare priority if the obesity epidemic is to be reversed. This group was asked to discuss influences on obesity prevention and treatment in health practice and recommend needed adaptations within the healthcare system.

The introduction by George Bray discussed how a national campaign to "Know your BMI" could be a first step to raise public and professional awareness of the national obesity epidemic. Teresa Pearson shared that to guide decision-makers in the healthcare system and the purchasers of healthcare, we need to define the financial feasibility of improving obesity care in terms of cost-effectiveness, cost-benefit, and the high cost of inaction. Mary Story discussed how lack of effective treatment protocols, not having enough time for counseling, lack of reimbursement, inadequate skills and training among healthcare professionals in assessment and counseling, lack of referral and support services, and poor understanding of the perceived barriers that children and families see to obesity treatment or prevention create barriers to the prevention and treatment of child obesity.

Actionable Priority: Improve Access to Healthcare by Providing Reimbursement for Both Prevention and Treatment of Overweight and Obesity

Because of the prevalence of obesity and the tremendous disparity in access to needed services and to reimbursement for those services, this strategy was considered a top priority.

Ideas and Considerations

- Implementation of this strategy should include the creation of a business argument about the impact of obesity on the healthcare system and the costs of the disease to purchasers (employer groups).
- Reimbursement for counseling in both nutrition and physical activity for those at risk of obesity as well as reimbursement for weight management counseling for those already overweight or obese is key to address the obesity epidemic.
- One piece of helpful research would involve the question of productivity as it relates to obesity. Additional research should be performed to evaluate the short-term return on investment of obesity prevention and care; that information should be translated to key stakeholders.
- A complementary strategy could include a consumer-driven approach to providers and employers to demand coverage of weight management services, with health plans taking on a role as an extension of the care team.
- Key stakeholders should be engaged and healthcare systems should be encouraged to adopt a prevention agenda with children and families as first priority.
- Protocols for risk stratification will help clarify additional high-priority groups for prevention or treatment.

Actionable Priority: Train Healthcare Professionals on Assessment, Counseling, and Behavioral Change Strategies

Training should follow the development of sound guidelines for a behavioral approach to obesity interventions.

Ideas and Considerations

- Efforts are needed to promote a systematic, patient-centered, multidisciplinary team approach to preventing and treating overweight and obesity that will link the patient and the intervention back to the healthcare system.
- Using a patient-centered, multidisciplinary team approach will allow the healthcare system to use available resources more efficiently.
- Identify how to assure adequate access to trained professionals.
- Should there be a separate certification program for weight management counselors or should counseling be limited to certain professional groups? This is important for reimbursement.

Actionable Priority: Research Studies On Cost-Effectiveness and Prevention Strategies

Effective strategies are an essential component of a national approach to obesity. It is essential to develop a database that demonstrates the cost-effectiveness of preventing obesity and long-term weight loss and includes comorbidities. Cost-effectiveness studies are needed to build the business case for the reimbursement of services related to the prevention and management of obesity, regardless of the presence of comorbidities.

Ideas and Considerations

- Efforts should be made to extend the evidence-based guidelines to cost-effectiveness reports (national and international).
- This process could be facilitated by the development of a centralized group to develop, coordinate, and direct research methods that are cost-effective for population groups (e.g., children, men or women, ethnicities, and senior citizens) and environmental, social, and ecological interventions.
- Research strategies to identify premorbid, phenotypic, and/or genotypic markers of persons at risk for obesity and comorbidities should be pursued.
- It is essential to educate key stakeholders, including legislators, on the need for funding research on cost-effective and preventive strategies. To initiate this strategy, additional efforts must be made to understand the root causes, behaviors, and social and ecological factors leading to obesity. Such data are likely to generate hypotheses for basic research.

Actionable Priority: Recognize and Manage Obesity as a Chronic Disease

Efforts should be made to increase the recognition that obesity is a chronic disease, with both medical and social implications. Diseases have etiologies, pathology, and consequences arising from that pathology. For obesity, the mechanism is an imbalance of food intake and energy expenditure that has a number of important biochemical and physiological correlates. The pathology is simply an enlargement, or hypertrophy, of individual fat cells to accommodate more fat. These large fat cells, in turn, secrete more of many peptides and metabolites that produce the pathophysiological consequences leading to hypertension, diabetes, and heart disease.

Ideas and Considerations

- A chronic disease is one that does not go away. After the goal weight has been achieved, it must be maintained throughout one's lifetime.
- From a social perspective, recognizing obesity as a disease makes it more likely that the corporate and public sectors would include it in their diagnostic and reimbursement strategies.

Actionable Priority: Develop a National Campaign to Promote Healthy Weight

BMI is now widely accepted as the measure by which overweight and obesity should be measured in children, adolescents, and adults. A recommendation was made for a "Know Your BMI" national campaign to promote the use of the BMI as an assessment tool and to promote healthy weight.

Ideas and Considerations

- Widespread acceptance and use of BMI will require funding for a comprehensive campaign directed at healthcare professionals on how to use this index as well as the new growth charts (which use the BMI).
- The campaign should raise awareness of obesity as a health risk. Industries (e.g., food, pharmaceuticals, exercise, and insurance) as well as healthcare organizations should be enlisted as partners in the campaign.
- The campaign should also promote a "Call to Action" for people to see their healthcare provider.
- This campaign will likely require a protracted commitment that may even occupy the entire next decade.
- Ideally, this approach should include a strong self-assessment component. Implementation of this strategy should include the promotion of simple, quick assessment tools, which may incorporate computers, websites, and other technologies.

INFLUENCES OF THE MEDIA ON NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

The facilitators were Susan Blumenthal, Assistant Surgeon General, USDHHS, and Senior Public Health Advisor to the Secretary, USDA; Sally Squires, Medical and Health Writer, The Washington Post; and Margo Wootan, Director of Nutrition Policy, Center for Science in the Public Interest.

The media influences values, attitudes, and practices relative to diet and activity. This group examined the effects of the media and advertising on obesity and recommended changes needed to create positive influences on diet and physical activity.

The introduction by Susan Blumenthal provided an overview of research studies on how the media influences obesity and how important the media is in disseminating educational messages to promote healthy behavior. Sally Squires discussed the role of the news media in reporting information on nutrition and obesity. Margo Wootan focused on the influence of television and advertising on obesity.

The media can promote healthy eating behavior through paid advertising. Recommendations to help promote healthy eating and physical activity to reduce obesity were discussed. Emphasis was placed on encouraging federal and state governments to be more active in supporting and promoting healthy eating and physical activity by funding programs and policies.

Actionable Priority: Partnerships to Promote the Dietary Guidelines and Coordinate Approach across Federal Agencies to Promote Healthy Eating and Physical Activity

There is a need to develop and expand partnerships within the nutrition, physical activity, and health communities. By developing partnerships and dedicating funds, the media's promotion of the new U.S. Dietary Guidelines can be improved.

Ideas and Considerations

- Develop a forum to generate dialogue between relevant groups such as food-marketing companies, nutrition educators, and healthcare organizations, which should discuss the important issues of healthy eating behavior and produce effective messages.
- It is important to identify existing partnerships and develop collaborative efforts at national, regional, and local levels regarding nutrition and physical activity.
- The entertainment industry, including writers, producers, and directors, should be encouraged to incorporate positive health messages, including nutrition and physical activity, in television programming and advertisements.
- Resources should be pooled to develop a marketing arm to unify health messages, which will make the messages

more powerful. Through this collaborative effort, promote U.S. Dietary Guidelines and create an alliance with interested organizations, health agencies, and the entertainment, food, marketing, and sports industries to incorporate messages about healthy eating and physical activity in programs and products.

Actionable Priority: Set Criteria for All Forms of Media for Reporting Nutrition and Physical Activity Issues—“Responsible Reporting”

There is a need to evaluate, promote, and disseminate guidelines for responsible media reporting. Such guidelines should help set criteria for reporting on nutrition research and information.

Ideas and Considerations

- Evaluate the effectiveness of existing criteria for media reporting.
- Incorporate those results into new or revised guidelines and disseminate.
- Assess media compliance with the criteria.
- A complementary strategy could be to evaluate how criteria contribute to responsible reporting.
- Develop and disseminate guidelines on media literacy for consumers.

Actionable Priority: Use Consumer-Based Research to Develop Effective Messages to Promote Healthy Eating Behavior and Physical Activity

Consumer-based research is needed to formulate effective intervention strategies. Examining consumer-perceived needs is a crucial component of developing an understanding of the target audience. Educational programs and messages should focus on issues related to gender, age, income status, and racial and ethnic groups.

Ideas and Considerations

- Incorporate information about target audiences.
- Use role models to disseminate messages to target audiences.
- Focusing on achieving small, realistic behavioral changes can be an effective strategy.

Actionable Priority: Behavioral Research to Determine Cost-Effective Approaches

Increase funding for behavioral research to determine cost-effective approaches, including use of advertising and public relations campaigns to promote healthy eating and physical activity. Convene a steering committee to explore what has been done, such as “lessons learned” from nutrition and physical activity as well as other public health campaigns (e.g., safety and tobacco). Also, studies are needed of the effectiveness of focusing on small, realistic changes in behavior.

Ideas and Considerations

- Increase funding for behavioral research.
- Develop good evaluation methods for behavior-based outcomes.
- Groups such as the CDC should evaluate the impact of news coverage and food advertising (and other types of advertising) on eating and physical activity behaviors. Assessing the effectiveness of using media-based interventions to change eating habits and activity levels should be explored further.

Actionable Priority: Increase Funding for Government-Sponsored Physical Activity and Nutrition Campaigns, Including Those That Use Mass Media

Increase funding by federal, state, and local governments for campaigns to promote healthy eating and physical activity (include funding for the CDC, for the 5-A-Day for Better Health campaign, and to promote the U.S. Dietary Guidelines), using paid advertising and other media-based approaches.

Ideas and Considerations

- Encourage the food industry to promote healthy eating messages and dietary guidelines.
- Devote enough resources to disseminate media messages frequently enough to have an impact.
- Congress should increase funding for the CDC/DNPA to \$30 million now and to \$150 million over the next 5 years.
- Increase funding for the communications component of the 5-A-Day for Better Health campaign from \$1 million to \$15 million.

SUMMARY

Overarching themes that emerged from the Obesity Discussion Groups (not in priority order):

1. More supportive environments are needed for promoting healthy lifestyles and allowing people to practice healthy behaviors. Supportive environments permit consumers to balance their energy needs to maintain or decrease weight, as appropriate. Components include physical environment, adaptations to policy, and social norms.
2. Encouragement and support for physically active living and healthy dietary behaviors across all levels of society (individual, family, community, state, and national) is essential to improve physical fitness and nutritional status. Interventions should use multichannel and culturally relevant approaches to target high-risk groups such as inactive children and youth who have high exposure to the top of the Food Guide Pyramid. Approaches include national media and education campaigns involving healthcare systems, schools, worksites, and communities.

3. Prevention and treatment of obesity must become a healthcare priority if the obesity epidemic is to be reversed. To increase access and decrease health disparities, reimbursement for physical activity programs and nutrition education is necessary.
4. Additional research is needed to determine the root causes, behaviors, and social and ecological factors leading to obesity; to find out who will benefit most from dietary change or enhanced physical activity; to understand the barriers to behavioral change and how to facilitate behavioral change; to know how best to communicate with individuals and populations; to determine the value of obesity prevention and healthy lifestyles; to measure healthcare costs related to obesity; to assess the impact on productivity of workers with obesity-related comorbidities; and to develop cost-effective exemplary practices and programs to change population behaviors.
5. Better federal agency coordination is needed along with more partnerships of public and private interests to create more visibility for healthy lifestyles. We must draw on the strengths of our communities and build intersectoral partnerships at all levels (federal, state, local, public, and private) to alter our nation's unfortunate trend in overweight and obesity.
6. National campaigns are needed that target specific behavioral changes. Such campaigns could highlight obesity treatment and prevention, nutrition, and physical activity, and could address barriers to behavioral change. Effective communication of health messages must be delivered more expertly, whether it is to raise awareness about knowing one's BMI or to increase recognition that overweight and lack of physical activity contribute to poor health.

Acknowledgments

The National Nutrition Summit was funded by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. The Division of Nutrition and Physical Activity are grateful to the moderators listed in this document for facilitating a meaningful dialogue within their discussion group. In addition, we thank the following people for their dedication to the recording of comments made during the discussion groups: Lisa Bailey-Davis, Nancy Berger, Diane Beth, Maria Bettencourt, Frank Buck, Kathy Cullinen, Cheryl Galligos, Carol Garner, Susanne Gregory, Shannon Hughes, Amy Jesaitis, Lenora Johnson, Helen Leonard, Kathy Novak, Karen Oby, Kim Seador, Sharon Sugarman, Jeff Sunderlin, Jill Tobacco, and Sue Wilson.

References

1. **Wolf AM, Colditz GA.** Current estimates of the economic cost of obesity in the United States. *Obes Res.* 1998;6:97-105.
2. **Wolf AM.** What is the economic case for treating obesity? *Obes Res.* 1998;6(Suppl 1):2s-7s.