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**The Challenge of Obesity for Policy Makers:
Recommendations for the Next Administration
Obesity Society
August 25, 2008**

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SALLY SQUIRES: - just joined you. I'm Sally Squires, I'm formerly of the *Washington Post* and founder of the Lean Plate Club and I am now at Weber Shandwick/ and Powell Tate, which is a strategic communications company where I am Director of Health and Wellness Communications and I am delighted to be here at this session which is near and dear to my heart and what we tried to do at the Lean Plate Club over the last seven years at the *Washington Post*.

And I am delighted today to be joined by two people, immediately to my right is Melody Barnes, she is the Senior Domestic Policy, I'm sorry, I apologize. All the way to my right I should have said is Melody Barnes who is the Senior Domestic Policy Advisor to the Obama For America Campaign, where she has helped coordinate the Domestic Policy Process. And prior to joining the campaign, Ms. Barnes was the Executive V.P. for Policy at the Center for American Progress, where I know I actually have several former colleagues. So that's great.

And she's going to talk to us about what is on the platform. And I also have Karen Kornbluh to immediately to my right and she on leave from her position as Senate Policy Director for Senator Barack Obama and she is serving as Principal Author of the 2008 Democratic Party Platforms.

So, we're delighted to have both of them here and the place I thought it would be interesting to start and then they're going to talk and again, we want to make this a conversation, but *Trust for America's Health* just this week came out with a new report. They do this annually. They're funded by the Robert Wood Johnson Foundation. And one of the things they have asked for is for the next President within the first three months to establish a sub cabinet level committee that would look at obesity throughout the government, and what could be done.

And I wondered how does that fit with what you're trying to do, and what you already have in place?

MELODY BARNES: Sure. Well first of all I want to thank you Sally and I want to thank the Obesity Society for inviting me to be here this morning. It's a pleasure to be in Denver and talking to you about this really important issue.

I do have to say as we were walking in, I heard a man talking about the fact, healthy lifestyle and in Minneapolis as well, there is going to be this biking program. And yesterday I was trying to figure out how I was going to get here from a meeting that I had earlier this morning, and I asked a volunteer and she said, oh, there's this great, biking program. I said no, no, no, I am going to have on a suit and heels, I love to bike but no, no, no how can I get there? No, no, no, but you can bike, there's a great biking program. So there is

a lot of seriousness being paid attention to that and any other time it sounds really terrific. So, thank you for inviting me to be here. [laughter]

Addressing your question Sally, and I will talk a little bit about Senator Obama's proposals and his policies and my colleague Karen will talk some about the platform and how this issue came to be in the platform, .

I think what they are calling for is a really, really interesting idea because it speak to the issue of coordination around this issue at the highest levels in the government, because we all know that often there are so many different programs that are very, very good, but unless you have kind of a macro view, someone who's got a landscape view of an issue, it's often hard to coordinate and bring all those pieces together so that we're being our most effective and being our most efficient and really being kind of laser beam like as we are trying to attack a problem.

It is something that we have not talked about to this point on the campaign, but I certainly think it is an interesting idea and certainly consistent with the kinds of things that Senator Obama has spoken about and are included in his policies.

I thought I would start out, and Sally you might be familiar with this story, in talking about a little boy that I read about in the *Washington Post* when the *Post* did a series

several months ago on obesity. He's a real little boy, he lives in the suburbs of Washington D.C., and his name is David. And David is 12 years old and he weighs 215 pounds. And he expressed great frustration at the fact that he would walk for a little while and become heavily winded. He wanted to participate on the wrestling team at his school, but the problem was that the teachers at his school couldn't find someone of comparable weight to wrestle with him so he had to sit on the bench.

He would go to lunch everyday and he'd have cheeseburgers and he'd have pizza and then after and tater tots and french fries and after that he would have ice cream and candy and soda also at school. From there he would go home and in many ways it is kind of replicated there. He would have dinner with his family and he'd eat his dinner and he'd eat his part of his brother's dinner and the leftovers.

And his mom who thought that she was really doing a good job with trying to cook and prepare meals in a healthy way for her family was also though cooking in the style of her youth and her culture in growing up in the Dominican Republic. So a lot of white rice, a lot of food that metabolizes and becomes sugar once it gets into your system.

But she was also extremely frustrated about what was happening with her little boy and she and her husband were trying to figure out a way to help him loose weight, a way for

him to get more exercise. So, they wanted him to join the soccer team, but she had to work late and her husband worked two jobs so getting him to soccer practice was impossible.

So they got him a treadmill and an exercise bike and a punching bag, but as you can imagine with 12 years olds, I am sure many of you probably have 12 year olds, they are not all that interested in getting on a treadmill, so he found that boring. So they would just sit to the side.

And that was the life that David was leading. And as a result, his body mass index was twice that of an average 12 year old boy. And his glucose levels approached that of a diabetic, and he had many of the risk factors associated with heart disease and diabetes at 12 years old. And that punctuated by the fact that his father was found having collapsed in the driveway of their house in the early stages of heart disease. So that really scared David and it scared his parents and it scared his little brother.

And all of those factors, there are millions of people who are living like David and his family or struggling to live like David and his family. So the question before all of us is what we're going to do about it? And actually and for us, I think for Karen and for me and for the Obama campaign, what kind of partner will the federal government be around this issue?

And that's why I think we are both very, very proud of what Senator Obama has put forth this far, in terms of his policies and why he thinks it's important, that this issue is so important that it be included in his platform. He isn't focused on this issue in kind of the old school pull yourself up by your boot straps only kinds of policies and approaches to this. He looks at it quite holistically, believing that it involves families and communities and individuals. Yes, but it also means that schools and employers have to be involved and it also means that every level of government, at local, state and federal also has to be involved in this conversation.

And I have to say I think we both believe this from our perspective that this quite different than the policies that we have seen over the past eight years, which does not mean that the Bush Administration has not paid attention this issue, but at the same time, I always think you have to walk the walk, as you talk the talk, and you have to put your money and your resources where your talk and your policies are pointed. So, really devoting resources to this and attention to this is incredibly important.

So, the first things that we believe is foundational here is the issue of health care itself. In making sure that people have access to, people are covered by the health care system. And again, we think that this is quite different from the policies that are being proposed by Senator McCain, because

Senator Obama for one thing, there's a mandate, in addition to insuring that everyone can be a part of the system, and get quality health care, he also includes a mandate for children, so David would be included.

And it also means that individuals who have chronic diseases wouldn't be left out, wouldn't be forced into a pool where they may or may not get health care because some states are not required to cover everyone. In fact, only about six states are, and that is what Senator McCain is proposing, but instead it says you have to have to get covered.

So David and his family would actually have access to the kind of health care they need. And that proposal that we have on the table ensures that we are looking at issues like health care disparity, so that we are talking about culturally, linguistically, appropriate, culturally sensitive health care. So that touches on some of the issues that David's mother is addressing.

How do you do this in a way that makes sense for people? It also means that that includes disease management programs. So people with chronic diseases, people who are dealing with obesity are able to effectively and efficiently manage the health care that they need. And certainly wellness and preventative care, which I think then builds in employers and builds in schools.

And what Senator Obama has said, is that employer's can be involved and he plans to encourage and to push employers to be involved by bringing worksite health programs into play, by also making sure or encouraging people to have nutritious foods in their cafeterias and in their vending machines. I know at my former employer, The Center for American Progress, we went through and we checked off what we wanted in our vending machines and made sure that there were healthy options for us there, and also including health facilities, exercise facilities on those worksites.

And he is also talking about schools, I don't know about you, but I had to take PE everyday until I was in the 11th grade. And that included that awful little uniform that we had to wear, that like stripped at the top and then the red shorts at the bottom, I hated that thing. But it was good that we were up and we were moving and that we were also able to participate in lots of kinds of activities.

So, Senator Obama, to counter the fact that not only 8-percent of all elementary schools have daily PE, or require PE at all, he wants to work with schools so that they can negotiate their contracts with their vendors. Again, going back to what kind of vendors we're bringing into our schools, and also making sure that their school based screening programs and providing financial support for PE because we know a lot of

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schools do not have it because they say we have got to cut some where in order that we deal with core curriculum.

So, just in wrapping up, I just want to return to what happened to David. David and his family ended up going to a clinic in the Adams Morgan Neighborhood of Washington, which, I don't know if any of you are from Washington, I actually lived in that area, Dupont Circle, Adams Morgan. It's a very diverse neighborhood. And they went to a clinic that was run by a doctor, Dr. Nazrat Mirza and she specifically wanted to focus on the Latino community, worked with David and his family who for 13 weeks went to her clinic every week. They talked about nutrition. They talked about how to eat healthy. David and his brother started an exercise program. His mother shopped with a nutritionist and learned how to cook the foods that were appealing to her family, but to do that in a healthier way.

She started playing soccer in the park with her kids and taking walks with them when she was able to get home from work. And as a result, David has lost over 30 pounds as of the time that this story came out in the *Washington Post* back in May.

And I think that this story is important because going to some of the things that I mentioned it points to the fact that Barack is looking at this holistically, he believes that it takes a number of different actors to be engaged, including the federal government being an important actor in this process

and making sure that we have funding for the kinds of community programs that Dr. Mirza has started. That kind of funding has dropped off recently so we want to make sure that that is restored and also coordination among the relevant actors, like school systems, because David's school clearly could have been doing much, much more.

So, I'll stop there and turn this over to Karen, but I just want to conclude by saying that we believe that this is an issue that requires all hands on deck. It requires leadership and partnership coming from the federal level. It requires change and a new kind of focus on this issue, and that is what we want to bring to the table. I will turn this over to Karen.

KAREN KORNBLUH: Thank you so much and thank you Sally and thank you to the Obesity Society for putting this on, it's such an important issue.

I'll just give you a little background. I was Barack's Policy Director in his Senate Office, and when he asked me to work on the platform, I was so excited and went to tell all my friends and I was very surprised at their response, which varied from, oh, I am so sorry to what happened? And it turned out that the platform is not considered a prize assignment by a lot of people in Washington because no one reads it first of all and secondly because you can only get in trouble. You could put something in there that Republicans can run an ad

against your candidate on or you leave something out and someone will be upset.

And then there is this other problem where everyone tells you, keep it short, keep it thematic. And I learned what thematic meant was, don't put into much detail about the issues other people are interested in, but put in this special issue that I am interested in. So there's this constant tug of war.

But what I found was it was an incredibly gratifying experience and really, really wonderful. And one of the really important things I think about doing the Platform and the reason we continue to it, is it's a great exercise at bringing the party together and the interest groups that are influential in the party and really getting some working consensus about what we are all about. It's sort of a strategic plan for what we are going to do if we get elected, and it's a wonderful exercise for that to get people excited about what we all stand for and what we want to do and to put into tangible form, real words.

It was also incredibly exciting this time because Barack decided he really wanted to blow up the process, and instead of people meeting behind closed doors, party insiders and writing it, we were going to let the American people, the Democratic Party write the platform. And so anyone could setup a platform hearing. And we had this system that was almost

like Meet Up, and I do not know if you've heard of that technology where you can sign up and then host a meeting.

And we only gave people a weeks notice or 10 days notice and then they had a week to schedule these things and 1,600 meetings, over 1,600 meetings were scheduled. Thirty-thousand people took time out of their busy lives to come to these meetings and discuss. Democrats love to talk, to discuss what they thought the party should do, and what it should stand for, and they sent in the results of those.

It was so exciting, I went to a few. It was amazing to see people really get excited and talk about it and then at one of the ones I went to people said well how do we all stay in touch? Can we all get each others emails and how are we going to help Barack Obama get his agenda through, so that the lobbyists and the special interests do not stymie it.

So it was really a great community building exercise that's going to be so important for when Barack gets elected. If there is a Harry and Louise ad, how do you counter that? Well if you send out the text messages to all the people who were at these kinds of meetings and they all tell their friends or they organize a meeting they can really counteract it. So it's a fabulous process.

And I'll just give you a little background in what the platform is overall and then zero in on the issues that I think really touch on obesity.

The main thrust of it was really renewing the promise of America, and the idea there was that the values that have made us a great country are still true and still the ones that we all cherish, but that we've gotten sadly off course. And that we need to modernize our policies and our approaches to really honor those traditional values and aspirations that we share as a country.

And that the American dreams specifically, this idea that the next generation will enjoy a better, brighter future than the past, that's under threat right now because of the policies that we've had and we are eight years into the new century, we still have no economic strategy for the global economy.

So there are four sections, and the first section is on the American dream and that's really on the economy. And there's a little part about the stimulus, and then the first section right after that is health care. So, that'll tell you how important health care is. It's really the first policy issue in the platform and it is very long. I think it might be the longest section. And I'll read to you a little bit of it, since that is how I get people to read the platform, I read it to them. [Laughter]

But in the very first paragraph it says, we spend more in health care than any other country, but we are ranked 47th in life expectancy and 43rd in child mortality. Our nation faces

epidemics of obesity and chronic diseases as well as new threats, like pandemic flu and bio-terrorism. Yet despite all of this less than four cents of every health care dollar is spent on prevention and public health. So obesity is right up there in the front. And what I just heard this morning, I didn't know this is that this is the first time obesity has been in a platform. And it's there three times, so we talk about the need to cover all Americans, so that no one is left out, give them real choices, make it affordable.

What we tried to do in the health care section is instead of prescribing exactly what it would look like because Democrats largely agree, I mean like 90-percent of how to do it Democrats agree, but there's a little difference in how to approach it. But we really all share these principles of what we need to do to reform it. So we laid out the principles and everyone was very excited to agree on that whether they were for single pay or for mandate or anything else.

But there was wide agreement on this need for an emphasis on prevention and wellness. And again it says, chronic diseases account for 70-percent of the nation's overall health care spending. We need to promote healthy lifestyles and disease prevention and management, especially with health promotion programs at work, and as Melody said, physical education in schools.

All Americans should be empowered to promote wellness and have access to preventive services to impede the development of costly chronic conditions such as obesity, diabetes, heart disease and hypertension. And we have something on a commitment to the elimination of disparities in health care, so getting at some of these issues about access and education that affect people differently by income and race and ethnicity.

Then we have a section on public health and research, which again touches specifically on obesity and says as childhood obesity rates have more than doubled in the last 30 years, we will work to insure healthy environments in our schools.

So as you can see obesity takes a real prominent role in the health care section very explicitly and specifically. But it also comes up in other ways because we talk about transportation, infrastructure, and we have a section of the American dream on investments that we need to start making investments in this country again. And unfortunately, we spent the surplus that was accumulated in the Clinton Administration and now have a budget deficit, but we also have an investment deficit that we really haven't been investing back in our country.

And Barack Obama is very serious about fixing our infrastructure and that's everything from bridges and roads to

light rail and broadband so people can telecommute. So there's transportation mentioned there and also we have a section on metropolitan policy and renewing our urban areas. And again it talks about transportation and light rail, and some of the things to promote healthy lifestyles.

And the one other area before I came to work for Barack, I was at the New America Foundation, which is a think tank and I worked on this issue of work and family. And I was thinking about this as Melody was talking, families it's in part an economic issue and in part just a change in the way people live, but families are so stretched.

In part that's because their incomes are going down and they have to work longer hours and it's older parents. So people have all these responsibilities carrying for children, caring for parents. There are many single parents, a third of all children are living with a single mom, but 70-percent of all families with kids all parents are working.

And so you think about, most people do not think about it. But if you do think about it, you just think about, oh how's the parent going to get home to supervise the homework or what if the child is sick. But there's this other issue about how do you play soccer, and how do you cook a healthy dinner if you just do not have any time, and you are doing everything you can just to pay the rent, let alone think about getting home

and defrosting something and cooking it up. Maybe instead you will stop off at Burger King, and who could blame you?

So, there's a lot of talk about really putting our action and our dollars behind our mouths when it comes to family values, and really helping parents and family members care for their family members and loved ones through flexible work and paid family medical leave and so on.

And then the one other thing that I'll touch on that comes through in the platform and that Barack cares very much about is this issue of the federal government is not going to do it all. And I think that Melody was touching on this as well. We are going to partner with the states, but we're also going to work with faith based organizations that are on the ground and have their finger on the pulse of communities.

We're going to help non profit sector become stronger and we're going to ask things of people in their daily lives, their families. And so this is going to be a joint exercise where we're going to set some goals and Barack's going to use his bully pulpit that he uses so brilliantly and we're going to get people excited again and optimistic again, and not feeling oh, this is just the way America is today, I guess our best days are behind us. No, they're in front of us and we just all have to do our part and I think that this issue of living healthy lives and helping others to live healthy lives is

really front and center in that agenda. So, thank you very much.

SALLY SQUIRES: That's a wonderful summary of what is out there. We're running a little short on time, so I would like to throw this open right now to the – yes?

And if you will just wait, we are going to bring you a microphone, because for the umpteenth time I will be saying, we are being web cast and this will go on to the Kaiser Family Foundation website.

SHAWN ZELLER: I'm Shawn Zeller with *Congressional Quarterly*. I'm wondering what you think about using the government's regulatory power to restrict advertising of junk food to youth and whether an Obama Administration would support using tax policy to raise taxes on junk food and use that money that's raised towards health care?

MELODY BARNES: That's an interesting idea. I know in the past there have been efforts, the FDA has tried to regulate and hasn't, with regard to the kinds of foods that are going into our schools and kind of hit a brick wall at a particular level and there are all kinds of speech and other arguments that were brought into play that stymied that effort.

I would think that given Senator Obama's commitment around this issue that he would look at any range of different policies, I mean and certainly the tools that are opened to the government include legislation as well as regulatory policy to

try and engage and figure out the best way and the bully pulpit as Karen said, the best way to drive this message home, to try and effect policy to work in partnership with the different communities that we've talked about.

We've hadn't had a conversation about taxing entities, so I don't have any comment on that, but I think he is committed to using any range of tools, legislative, regulatory, executive order and bully pulpit to try and get at this issue.

SALLY SQUIRES: I think we had a couple of questions back here.

JIM HILL: I'm Jim Hill at the University of Colorado Denver. One of the barriers it seems to me in the government addressing this issue is that obesity is so complex it doesn't fit exactly anywhere. It's a health issue, it's an agriculture issue, it's an economic issue, it's a defense issue. And so oftentimes what happens is some of the programs out there are much more competitive than cooperative and so, CDC programs are competing for dollars with USDA programs and so forth.

And I wonder if you've given any thought to how you might really do something that reaches across the different organizations. Every cabinet member has a stake in this and maybe we need an obesity tsar. Maybe we need something that can reach across the different organizations to mobilize the resources needed to really address this in its complexity.

MELODY BARNES: Well, I think that goes to the first question that Sally was asking with regard to a sub cabinet working group, which is again something that we haven't talked about yet in the plethora of things that we talk about on a daily basis and across the number of policies.

But I think it is an interesting idea and it goes to the coordination that you talk about. People don't live or experience or deal with this challenge in a siloed fashion. I mean, you're exactly right. I mean when I look at Washington D.C. in some areas are just getting their first real, real grocery store. I am not talking about the little store on the corner where you can buy Hostess, and fruit pies and call it fruit, I'm talking about fresh fruits and vegetables.

And then also, is it a safe place for children to go out and walk and get exercise and play? When I grew up literally my parents were like go outside and play and we ran around the neighborhood and we were jumping on someone's trampoline and riding our bikes, and we came in when it was starting to get dark.

So it is very complex and we have to think about all the different ways that we tackle this issue, so I think there is a coordination issue here that we need to talk about.

SALLY SQUIRES: I think Morgan had a question.

MORGAN DOWNEY: Yes, thank you. Morgan Downey of the Obesity Society. I think everyone delves into the obesity

statistics is very concerned that we have a very high prevalence in minority, low income areas and it seems like whatever we are going to do has to be somewhat connected to the Medicaid program and that just presents all kinds of quandaries in terms of the financing of that and where that's going. So I was just wondering if the campaign were looking, in terms of Medicaid Reform, vis-a-vie obesity and the chronic diseases that are associated with it?

KAREN KORNBLUH: I don't know that we have explicitly talked about Medicaid in those terms, but we've talked in general about health care reform having to be very focused on prevention and that we have to pay for prevention, people need to be— doctors, health care providers have to be given incentives to help people manage their lives and also their chronic conditions, that we need to have medical homes or try to incentivize having medical homes so that people— my mom is overweight and has high blood pressure and diabetes and a heart condition and she— if something hurts she has to go to four specialists, it doesn't make sense for her, there's nobody calls her and says have you had your annual eye exam, what you're suppose to have as a diabetic and it also costs the system a great deal of money.

So there is a big emphasis at the heart of this, in terms of prevention and also something that's not very glamorous, but the health care system really doesn't use

digital information technology very well. This Administration has talked about it, but they really haven't done enough. And so at the heart of Obama's health care plan is a big, big investment in Health IT, in getting the standards and the systems up there and working with doctors so that we have medical records, and we really can do the kind of prevention that we would need to do, and so I'm sure that Medicaid will be part of that.

MELODY BARNES: And I think your point about the disparities that exists there, just in reading about this issue over time and it's almost hard to believe as I say it, but I think something like 80-percent of African American women over 20 are overweight and 50-percent are obese. I mean that's a staggering, staggering number and those numbers replicate themselves in the Latino community, in the Asian Pacific American community as well.

So, the things that Karen talked about and also training our medical professionals to understand what this means. Having people there and also having kind of lay leaders, community leaders who understand, well this is— I understand how you're preparing your food and the way that you've done and they way you were taught by your grandmother to do it. And I understand all these things, but here's why we have to do it differently, and here's how we can start turning the ship of it and making adjustments and doing that in a way

that is sensitive to people and also means that they will respond to it, that they won't go, oh yes, sure right that's not going to work, and move onto the next thing, but they can really start to affect change in their own lives. I think that's very important in something that Barack has targeted in his policies as well.

SALLY SQUIRES: You have a question back there, and then one over here?

LINDA VALENTINO: Thank you very much. I'm Linda Valentino. I'm a State Representative from Maine and I'm also a State Delegate for the Convention here today. And I guess I did have a couple of comments and a couple of questions.

One is I know you had focused back on the PE. I hope you will also focus on bringing back maybe Home Ec, or some version of that because I think many people today may go to the grocery store and they buy the vegetables and they buy the fruit or especially the vegetables and they don't know what to do with them and they don't know how to cook them in a healthy fashion. And we maybe need to teach people what to do when they actually go and buy them, versus having them put in their refrigerator and throwing them away after five days because they didn't really know what to do with them.

The other thing is and I know in the State of Maine we've banned soda in schools that's one of our steps that we have done legislatively. We did have an issue on restaurants

trying to put calorie counts on major chains for fast foods that was voted down. But one of the things I wanted to get to is that we instituted an increase on our tax for beer and soda and this was just done in our last legislative session. And all of the money on this raise was going to our Dirigo Health Program to help fight obesity in the State of Maine and for giving health care to people that really couldn't afford it.

Within the matter of two months, we have a Citizen Initiative in Maine, they raised 70,000 signatures to repeal the tax on beer and soda because people don't want to spend the extra seven cents on a bottle of soda or the extra on that. And so this is actually coming on our ballot in November to repeal that. How do deal also with the public that knows it's an unhealthy lifestyle, but does not go along legislatively with it.

And my only last point is that, I hear so many from college students that they can buy the large chocolate chip cookie for \$1 and if they want to buy a fruit cup it costs them \$4 and people on a budget, what are we going to do at the federal level as far as maybe even subsidies for vegetable farmers and fruit farmers especially to maybe help bring down those prices?

MELODY BARNES: Well I think public education, I mean going to one of your last points and it is very, very important. And quite frankly, 10 years ago were people having

this kind of conversation about obesity and the different factors that build into obesity and the different kinds of solutions that need to be brought to bear. I mean, I think it's a conversation quite frankly, and correct me if you think I'm wrong, I would love to know, but I think it's been happening in back rooms and now it's starting to get daylight.

And that kind of public conversation is incredibly important and I think combined with the idea that this isn't just, you know what you need to go take care of that yourself. If you exercise and eat right, you can solve this issue for yourself. And talking about the number of different factors that build into a lifestyle and health, the kinds of genealogy and other issues that determine the way that someone is going to live with and try and tackle issues of being overweight and being obese.

So, I think public education plays a major role in this and I think certainly also looking globally. Someone else was saying, they were talking about this as an economic issue, it's an agricultural issue, it's certainly a food subsidies issue. It plays into a lot of the major legislation that we have to tackle. So I think having raising this and the Obesity Society putting this issue front and center so that legislators have to deal with it so that the public is more aware of how we have to address it and the different ways that we have to approach it is very, very important.

KAREN KORNBLUH: Well I really agree with all that and the one thing I just want to pick up on that you talked about is Home Ec. I was actually thinking of that as Melody was talking earlier. I was remembering my Home Ec Class where they taught us how to make donuts, pies and [laughter]. So I guess I wouldn't be that kind of Home Ec. But again, one of the things that's happening in families is people are so busy, not only are they not cooking, but they're not teaching their kids how to cook. So it's going to be perpetuated in another generation and that's really sad and then also people don't necessarily have cooking styles that are appropriate for this sedentary life that we lead.

And then that's one thing that we haven't talked about I guess is television, and the predominance of watching television and what that does to kids. And so I think that's one of the things that we need to do a real public education around.

MELODY BARNES: Well it was so funny, I remember one day I was at my parent's house, we were standing in the back yard and we were looking at a neighbor's garden, and my parents looked at me like I was insane. I was like, that's what broccoli looks like without the rubber band around it.

[Laughter] They were like, whose child are you? And I actually grow things I have a garden, but not broccoli. But I think that goes to your point and I go weekly to the farmer's

market and it is seven blocks from my house, and I now have a very clear sense of what's in season and when I don't know how to cook something I ask the person who's selling it. How do I cook beets, I know I love them, how do I cook them or kale or whatever.

And it was interesting to me because in the neighborhood not far from me, but I think probably a little bit poorer than my neighborhood they didn't have any of that and they just gotten their farmer's market and it is, people are going crazy for the access to fresh fruits and vegetables. And I think if you build it they will come, but there's also a sense of when and if people are going to build it, and where are the whole foods. I don't know if there are whole foods and lots of people, but places where people are getting fresher produce and access to more organic things, where that's going and it typically goes in neighborhoods that have a higher economic, socio economic baseline. So how do you get that kind of information access to those kinds of products to people and show them how to cook it and it's not donuts. [Laughter]

SALLY SQUIRES: And actually Home Ec is still out there, but it is called Family and Consumer Sciences because as part of the Childhood Obesity Package, I went and visited a school in Arlington and it turns out that boys are signing up for these classes more than girls, which is very interesting and they want to know how to cook. And like your Home Ec

class, I learned how to make biscuits, but first we made our apron, but they're good skills to have. We should also know shop, so we can hammer and do things.

And we have one more question over here, and then I think we maybe getting out of time.

JACK HAUSER: I am Dr. Jack Hauser, a Cardiologist at Yale New Haven Hospital. I like to refer to George Bush's initiative more apropos as every child left on his behind. [Laughter] And even though exercise clearly is an integral part of any weight management and chronic disease process, the issue really lies in again, eating habits.

I wanted to say to you that as a group, physicians are definitely afraid to vote Democratic and we're still shell shocked from the initiatives back in 1994 that were attempted, and I can say to you to that I am very confused as a physician, as an advocate of good health, between what it means to implement universal health care and Ms. Squires I think you did cover that story on David, the boy who is fat.

SALLY SQUIRES: I was part of that group. I didn't cover that actual story.

JACK HAUSER: Do you know if the physician whom he saw at the clinic if she or he was reimbursed?

SALLY SQUIRES: I don't know.

DR. JACK HAUSER: And therein lies the question, because it's not so much Medicaid, it's also about this. And this is my direct experience.

You are right, Ms. Barnes I see a lot of young kids now. It's not called adult onset diabetes anymore. It is simply called Type 2. This kid's nine years old and now developing heart disease and diabetes. When I submit claims to the insurance company for preventive services, they summarily deny reimbursement and my hands are tied. The same people who need weight loss and prevention for obesity, five years down the road develop diabetes and non healing ulcer and end up with the vascular surgeon and getting a leg amputated. That vascular surgeon is driving around in a beautiful Mercedes, a large house and a home in Martha's Vineyard because he just got reimbursed \$35,000 by the insurance company for reactive care.

Now I hear a lot of words about prevention and about education, but on the most simplistic point I'm wondering why is not the government mandating or interacting with the medical associations to say, you need to reimburse the doctors for preventive services at every visit and pay less on the reactive side. I think you'll see a major impact on good health and a decrease in obesity and chronic disease and the \$117 billion annual expenditures in direct health care costs.

SALLY SQUIRES: Again, what do you think about -

KAREN KORNBLUH: Well you should know that our health care plan, the leaders of that were physicians, they were doctors and this issue was very important to them and the issue of prevention. As I am sure you know the insurance industry, the regulation of it is really out of date. And so the idea, I don't want to get into the arcane issue of health care reform, but the idea would be that through this new pool that people could enter into to buy the new subsidized health plan, that if an insurance company would have to offer through that a plan that included prevention and chronic care management, and meaning those things would be reimbursed. That is front and center, a big part of this. And you want to treat the person and not as you say the procedure.

There was a series in the *Times* a couple of years ago about this, where they talked about diabetes and they talked about the doctors not getting reimbursed. They had established this incredibly wonderful clinic and they had to close it down because they just couldn't afford to keep it running. Whereas once the person, the diabetic gets really sick and you have to amputate the leg, that's reimbursed, it's just crazy, so that's really very central to this. And as I said it was put together by doctors who have seen some of these reforms in hospitals and worked in those and so know how, what really will work with real doctors.

SALLY SQUIRES: Well we are running a little bit over time. So I want to thank both of our panelists very, very much. [Applause] Melody Barnes and Karen Kornbluh and to the Obesity Society. And I think we have some wrap up coming from both Morgan Downey and Gary Foster, and Caroline, yes I am sorry.

MALE SPEAKER: Well, we'll have our members sit down. Introducing here these are the previous speakers, except for Caroline Apovian who's a physician at Boston Medical Center and Boston and is Secretary Treasurer for the Obesity Society and very involved in the clinical treatment management of Pediatric Patients as well as Adults.

So, I'll just throw it open and ask maybe Caroline and Gary who haven't made presentations if they wanted to comment on anything in particular that they heard today and then we'll just open it up for questions and answers from the audience.

CAROLINE APOVIAN, M.D.: Just a little bit about myself. I run a very large nutrition and weight management program in the middle of Boston and we have the largest Ketchikan area for pre care and Medicare and Medicaid services at Boston Medical Center. We see 250 patients a week in our clinic, both adults and children. So the nine year olds and the 12 year olds who are developing obesity and Type 2 diabetes we see on a daily basis. And yes, they do have BMI's of 15, even higher.

And the cardiologist who was talking about preventive services is correct, those kids, if you want to treat them, if you have a location to treat them, you are not reimbursed. So, I think there are many challenges to preventive health care for obesity. And I think just to summarize, someone said that we need various factions to get together and work together, and I think that's true of the health care industry and government in particular.

So, what we're doing on the medical end is we're doing what we can. We are through the Obesity Society, we are starting to develop physician credentialing. We are aware that part of the problem is that physicians are not trained to treat obesity, they're not trained in nutrition in medical schools. So how are we going to combat that? We are going to develop a physician credentialing process where, hopefully in the future, we will have finally a sub specialty underneath internal medicine and family practice for obesity and nutrition. And that's going to be coming in a few years, I hope, with collaboration from our American Board of Medical Specialties and the Obesity Society.

I think that will help a lot, but again without insurance coverage for these services, we're not going to get there, so that's why we need the government to really work together with academia and medicine to get this done.

MALE SPEAKER: Gary?

GARY FOSTER, PH.D.: I was sort of struck by Sally's question, which I'm still not sure that I have an answer to about, she asked the panel about whether this is hopeless or hopeful? And I guess I'm a little bit of both because I'm hopeless about the vast complexity of this and then Jim's comments about needing really somebody, whatever the terminology is, but somebody who's going to take a leadership position in the future administration around obesity. Because I really do think it is all the government agencies that everybody's mentioned and it's complicated.

But I think the very hopeful part, and this goes to Melody's comment earlier about that we're talking about this. We're talking about it in public. We're talking about it in the midst of both the Democratic and Republican Conventions. It gives me lots of hope. Part of me is impatient and say why hasn't it happened already and we know all these things, we've known for decades, but I think the more that we get out and talk to policymakers and decision makers about this the better.

I guess one last comment I had after listening to the discussion today, maybe I just don't understand enough of the details of it, but I worry a little bit about health care reform as the solution to obesity management. Obviously, health care reform is an important thing, and lots of people who are not insured at all and underinsured and that's a noble and valuable effort in and of itself.

Having said that, if we took everybody who was underinsured and not insured and brought them to level the best private insurance in this country, you still wouldn't get obesity treated for. So, I worry that somehow obesity, unless it gets special recognition when we say, preventive services. Is it preventive services for obesity or preventive services for diabetes, how do you measure that?

And maybe obesity has a niche there because preventive service for everything that you can imagine. Managing your weight wouldn't be a hard case to make, but having said that I worry that we need to be vocal about that obesity. We can't bring everybody up to level the best private insurance, we should by the way, but I'm not sure it addresses the obesity thing as well it might. So we're going to need to be creative about that I think.

MALE SPEAKER: Bob?

ROBERT ECKEL, M.D.: Well, I agree with Gary on this issue in terms of the role that government might play with a unifying health care system to preventive a disease that really is of our times.

I think Jim shared the slide that this is a worldwide problem. This is not only in the developed world, but it's in the developing world. And I really disagree with the Superintendent's comment that as he looks at the audience and the Birds Nest at the Olympic Games and makes the conclusion

that China doesn't have a problem with obesity. China has a major problem with childhood obesity. And in fact, maybe we think obesity is going to break the economic backbone of this country, China is even more concerned because they don't have the economic underpinning to really reinforce the kind of adverse consequences of the obesity two and three decades later.

So, I share in this kind of ambivalence of whether it's a hopeful time or a hopeless time. I honestly think as my slide tried to project, I think we need really a substantial amount of research on body weight regulation, on environmental factors that impact this obesity epidemic. When I write a grant application, the way I think about the science of body weight regulation, I write as if obesity is a survival advantage. I really like the thrifty gene hypothesis.

And there is substantial evidence that exist to say if you're heavier when there is no food, you live longer. So, what we have to do in the way of application is ultimately make us live as if we were living 50 to 100 years ago, when in fact the environmental influences were not so impacting on food and taking energy expenditure.

And there I think reimbursement more than a prevention, is so critically important. No matter what kind of health care system we have, we need to reimburse physicians and health care professionals for prevention of disease and that includes body

weights on a semi annual or an annual basis. And I think until that happens, we are going to have surgeons making 35,000 for an amputation, rather than the physician not being reimbursed at all for showing that somebody's weight is stable over three to five years.

MALE SPEAKER: Jim?

JAMES HILL, PH.D.: So, first of all I really enjoyed this symposium. I think a lot of really interesting things came out.

We're in total agreement that we have a major problem here. We can talk about if it's hopeless or hopeless, but really kind of the 800 pound gorilla in room is, what do we do about it? Because we've been dancing around the what we do about it. It's not as if we have a solution and what we want is the government to help us implement that solution. We're struggling. And I think Gary set it up very nicely saying this problem is incredible complex, and it's very, very attractive to come up with simple solutions. Let's just change one or two things and let's fix that. And it's not going to happen. You can take your top two or three or five or ten things and change them, and it's not likely going to make any difference.

What we've got to do is to change a lot of things, and the only way to do that is with true collaboration. We talk about collaboration. We talk about groups working together.

If we don't get serious about doing it, it isn't going to

happen. The government is not going to solve this issue. I think it can play an important role. One of the groups we haven't talked about today a lot is the private sector. I would put forth that what's happened in the food manufacturing world over the last few years represents some of the greatest moves forward in addressing this problem. We still have a long way to go, we have to bring things together.

And let me finish by kind of taking the home court prerogative and telling a little bit about what we are doing in Colorado, because we really do want to be the first state to turn obesity rates around and we want to do this by bringing all the sectors to work together. And we think we have the ability to move that forward, and there are a couple of organizations.

The Metro Denver Health and Wellness Commission is a group set up in metro Denver to quite simply make Denver the healthiest community in the country. And this has brought together business leaders, companies, government leaders, mayors, et cetera. These are the kinds of collaborations we are going to have to do if we are going to make any difference.

And finally, we just established a new non-profit in Colorado, Live Well Colorado, whose goal is to really bring all the efforts for obesity in Colorado under one non-profit to work together, these are the kinds of challenges we face.

And finally, just to finish with the school issue. One of the things we're doing through the metro Denver Health and Wellness Commission, is we just got funded to develop a pilot school for saying, what would this school look like that is a healthy school? And we're calling it a Lean and Green School because we are going to link it to sustainability. And we either going to retrofit or build a new school where we say, what does success look like?

In a way we need some of these success models to know where we are going. So, on September 9th we are going to have a symposium here in Denver to talk about what an optimum school would look like for health and wellness. So you are all invited to come back to Denver then.

MALE SPEAKER: Let me throw it open. People have comments or questions, suggestions they would like to raise. Yes, sir. Thank you.

SHAWN ZELLER: I am Shawn Zeller with *Congressional Quarterly*. In listening to Congressman Conyers and Melody Barnes, it struck me that both wanted to talk about the health care system, neither wanted to talk about using the regulatory or taxing power of government to go after or to make junk foods less attractive.

And I am curious what you Mr. Downey or the panel thinks about how important using that regulatory and tax power is, whether there is a solution to this problem without using

regulatory and tax power to limit junk food advertising, and to raise the price on junk food.

MALE SPEAKER: Well I will start. I think we have probably between five and seven opinions on the panel here about it. I guess for me the starting point is, is that I don't think most folks feel like becoming defenders of junk food or carrying that banner. On the other hand, the reliable information we have about their ultimate power to influence rates of obesity, and this is where some of the international studies are very interesting where there's like not TV or TV doesn't have advertising or there's not junk food, but as we would call it, but still you see rates of obesity going up around the world.

So, this is really I think one of the things that we hope research really informs on to find out is that tool viable because obviously one of the things about that is that when you go to trigger the government's regulatory taxing power you're going to be stepping on some very big toes and these things become bigger political fights, the more impactful on just one sector it becomes. So, I will leave the rest to the panel to express themselves, on this because this is something everyone is grappling with in one way or another.

Caroline, you want to start?

CAROLINE APOVIAN, M.D.: Well a few years ago this issue, the issue of taxing junk food was likened to our smoking

issue that we ended up taxing cigarettes and that helped, but also smoking is very different, tobacco is very different because you don't need tobacco to live, you don't have to buy cigarettes for any kind of sustenance and then there's also the issue of second hand smoke, s, the battle against tobacco is being won.

And when you talk about fast food and junk food, it's a lot more complex as you know. And for example, taxing junk food, well Michael Phelps eats 12,000 calories a day and he needs his junk food. We have obesity in this country, but we also have people who are lean and can eat whatever they want. So it's a very complex issue.

So, it's difficult to do that because you will have for example, the sugar industry and a lot of other food lobbyists. On the other hand I happen to sit on a few of the fast food industry's nutrition committees, and I can say that some of the industry is trying to help the situation by bringing in products that are healthier. And at this point what I'm hearing a lot is that they're going to try and do this without telling anybody, because the minute you offer a product that is supposedly healthier for you or is healthier for you, people do not buy it. And it's a strategy because in the end in the few months down the line when someone advertises and says, well this is healthier for you, the other company will say, well we did that a year ago. We've always had that.

So, the issue is that it's a matter of educating the population, educating people on what is healthy and then getting them to buy it also. So, in other words if you put taxes on junk food, people may buy it anyway, if you don't attack education as well as just taxing to make people healthier.

JAMES HILL, PH.D.: I'll take a shot at that. I think first of all, we have so little that works that we can't afford to consider anything. So, the question is, is it going to work? And so there are two ways it could work.

One is by raising prices, people eat less of it. Probably you have to raise prices quite a lot to really take it down very much. The other way, and I think it's as you said before is use the tax money to put into programs to address obesity. And the question there is, do we have those programs that are out there and effective and just waiting for money. I'm not so sure of that.

And the third thing is often times when we have a tax that is directed that way it's not always directed that way. So it gets over time used for different other strategies. So, I think it's worth considering. I'm not convinced there is a rational reason to think it might work at this point.

MALE SPEAKER 2: And I guess I just would point out too, I think Jim's point is that we saw with the tobacco settlement that the funds that were going to states as part of

the tobacco settlement in fact did get diverted into a lot of other priorities that have a particular state had so that as a governmental matter that nexus of saying this pot goes here, the lock box kind of concept we use to hear about is really kind of tenuous from a government administrative point of view.

GARY FOSTER, PH.D.: I think from a regulatory or taxing point of view, not my areas of expertise, but from an obesity point of view it's going to be hard to demonize or isolate anyone food. As Caroline pointed out, well this isn't about smoking, so you could imagine it would take 10 years for people to agree is that sugar is the type of fat, is it calories that counts when it comes to obesity. So, I think that there is no culprit as much as people would like there to be about. Say, junk food, define junk food, it gets to be very complicated very quickly. So I think the operationalization that would be tough.

The other tension I think THAT'S relevant is the one that Jim mentioned and i'M getting less scientific the older I get, and that is, Jim's point's a good one, right. If somebody said here is \$55 billion to put a prevention what would you do? Would you go in schools, some studies show that that works, some show it doesn't. Would you do early infant? What would you do? And the data aren't compelling in any direction.

So, I do think that we need to do some structural environmental things, policy things if you will. And we

probably have to try five or six things at once, and then empirically evaluate those. But if we wait for randomized control trials to tell us that we have tried this program and it works, the tsunami will be way past us if we wait for the data.

So, this is uncomfortable for me as a scientist and as an obesity society representative to say, science is unimportant, but I think the stakes are so high that we have to take our best educated guesses based on the science we have and do probably three or four things at least at once and collect data along the way.

GARY FOSTER, PH.D: Bob, do you have a comment?

ROBERT ECKEL, M.D.: Well Gary that is effectively what the American Heart Association did when it went to the Alliance. I was very nervous about doing all the above, with kids, industry and health care system and the school systems, because we are doing all of this stuff. And President Clinton thought we could decrease the rise in obesity incidents in children in five years. We had to convince him scientifically that just getting applied to it by 10 years would be a success story, so I mean, that issue.

But, like anything else, if energy balances and imbalance between intake and expenditure, taxing foods., energy dense foods is going to be compensated by an increase in less

energy dense foods that keep calories where they need to be to keep weight where it ended up being to begin with.

So, I think even though you are kind of becoming less scientific as you get older, I am getting more scientific. I'd like to see evidence for various programs that modified behavior in ways that we show and impact of that single intervention and then rather than do it all to try to accomplish this problem.

I think as I pointed out prevention starts in utero and occurs throughout a lifespan. We need to target research programs to understand what works and what does not, and then to start to really get behind those things that provide evidence that they do work.

MALE SPEAKER: Bob, I think that maybe the last word. I think it's probably time to wrap up our program. If people have any comments or suggestions, you can certainly email the Obesity Society office or contact our panelists, I think their information is in the material.

And I want to thank you all for your attention and I want to thank our panelists and the other speakers who have left. I was very excited to have brought this issue to the Democratic Party and to our colleagues in Denver here and thank you all very much.

We will keep you posted as we go along, so keep in touch. [Applause]

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