Trends Summit on Obesity: A Final Report

Prepared by The Council of State Governments’ Healthy States Initiative
November 3, 2005
# Trends Summit on Obesity:
A Final Report

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I. Introduction

To help states fight the obesity epidemic, the Healthy States Initiative organized the *Trends Summit on Obesity* for state legislators. The summit, which took place July 20-22, 2005 at the Omni Chicago Hotel in Chicago, Illinois, gathered 52 state legislators representing 32 states, together with national public health and policy leaders and experts, to explore the range of policy options for combating the obesity epidemic.

This report briefly describes the summit, includes summaries of workgroup reports made during the summit, offers a list of possible actions to combat obesity, captures some lessons learned from the summit and concludes with a look at next steps for follow-up on issues raised at the summit.

II. Sponsorship

The Healthy States Initiative is a partnership among The Council of State Governments (CSG), the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators. The initiative, which is supported by the Centers for Disease Control and Prevention (CDC), is designed to help state leaders make informed decisions on public health issues. The initiative brings together state legislators, CDC officials, state health department officials and public health experts to share information, analyze trends, identify innovative responses and provide expert advice on public health issues.

Funding for the summit was provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under Cooperative Agreement U38/CCU424348. The summit and this report are the responsibility of CSG’s Healthy States Initiative and do not necessarily represent the policies of CDC.

III. Purpose of the Summit

The following is the statement of purpose for the summit. This text prefaced the agenda for the summit, and was sent to all participants in advance to frame the context of the summit:

*Obesity is one of the most prevalent chronic conditions in the United States, affecting adults and children alike. About 65 percent of U.S. adults are overweight or obese, and one in every six children (16.5 percent) is considered overweight. Obesity is a major cause of mortality, contributes to increased risk and complications of diabetes, heart disease, stroke, some types of cancer and depression, and is driving skyrocketing Medicaid and other government costs. In 2003 alone, obesity-related medical expenditures were estimated at $75 billion nationally, with nearly 50 percent of those costs financed by Medicare and Medicaid.*

*States are responding to the obesity epidemic, and are quickly learning that there is no single policy solution. Factors that have contributed to the obesity epidemic include: individual eating and physical activity habits; community factors such as availability of healthy foods and community design features that discourage physical activity; and accessibility of preventative*
health services. Low-income people and ethnic and racial groups such as Hispanics and African-Americans are being hit harder than whites.

States’ experience shows that solving the obesity epidemic requires innovative policy solutions, efforts and cooperation from traditional and unlikely partners, community and private sector involvement, individual action, and sustained dedication to improving health. While weight is a very personal matter, obesity has become a pressing public health issue demanding action on many policy fronts, including health disparities. State legislators are vital to addressing obesity and have begun working beyond health committees. However, much remains to be done.

This summit is intended for state legislators who want to learn more about innovative and effective state policies to combat the obesity epidemic. State legislators who participate in the conference will:

- Examine the health and economic burden of the overweight and obesity epidemic;
- Learn about proven and promising strategies currently being employed by states to address the epidemic;
- Identify policy options available to fight obesity, including approaches to promote physical activity, nutrition, school health and work site wellness; and
- Examine useful resources to help individuals, families, schools, and communities prevent and control the obesity epidemic.

IV. Summit Highlights

Highlights of the summit included:

- **Keynote address by CDC’s Dr. Janet Collins.** In one of her first speeches as director of CDC’s National Center for Chronic Disease Prevention and Health Promotion, Dr. Janet Collins outlined the extent of the obesity epidemic and highlighted five top reasons that state legislators should care about obesity, including: (1) the connection between obesity and many other chronic health problems; (2) the significant health consequences for children; (3) the rising rates of obesity in children and adults; (4) the high health care costs associated with obesity and (5) the fact that obesity is preventable.

- **Arkansas Governor Huckabee’s speech.** Gov. Mike Huckabee made a passionate speech about how his own successful battle against obesity and how it influenced his efforts to promote better nutrition and more physical activity in his home state. During a reception that followed his speech, Gov. Huckabee signed copies of his recently published book, *Quit Digging Your Grave with a Knife and Fork: A 12 Stop Program to End Bad Habits and Begin a Healthy Lifestyle.*

- **Dr. Jim Marks’ speech.** In his remarks, Dr. Jim Marks, Senior Vice President and Director of the Health Group at the Robert Wood Johnson Foundation, explored how the obesity epidemic exacerbates existing health care disparities and outlined the evidence behind promising policy approaches to fighting obesity.
The Trends in State Policy Responses panel. In a wide-ranging and provocative discussion, the five-member Trends in State Policy Responses panel explored state-level policy approaches. Panelists included: South Carolina State Representative Ben Hagood; California State Senator Deborah Ortiz; Iowa Department of Public Health director Mary Mincer Hansen; Texas Department of Agriculture policy advisor John Perkins and South Dakota State Representative Jean Hunhoff.

Policy workgroups. Participants were assigned to five policy workgroups, each tasked with exploring options, key alliances and challenges related to state obesity policies. The workgroups met twice for intensive discussions among themselves and public health experts and produced brief reports to share with the entire summit. The five policy workgroups were: (1) community design and promoting physical activity; (2) schools and children; (3) business, employers and private sector initiatives; (4) agriculture, food access and nutrition; and (5) Medicaid and state employee health benefits.

Release of obesity policy tool kits. CSG’s Healthy States Initiative officially released copies of two new tool kits for policymakers at the summit. The tool kits—Trends and Policy Solutions for Adult Obesity and Trends and Policy Solutions for Youth Obesity—provided policymakers with background, data and trends, and a variety of policy approaches being implemented or considered by states and legislatures across the country. All attendees received a copy of each tool kit. The tool kits can be downloaded at www.healthystates.csg.org.

Tabletop exhibits and reception. At an evening reception, participants examined tabletop exhibits show-casing anti-obesity policy approaches from several states, including a West Virginia pilot program using “Dance Dance Revolution” video and audio technology to encourage physical activity among young people. Programs from Florida, Arkansas and Texas also displayed materials and answered policy questions from legislators.

YMCA site visits. To show legislators concrete examples of how to promote physical activity to various populations, participants visited two Chicago YMCA facilities. One facility—the New City YMCA—was located on Chicago’s near North side in an economically and racially mixed community near the Cabrini-Green housing complex. The other facility—the Rauner Family YMCA—was located in the Pilsen neighborhood, a predominately Hispanic area. Both visits highlighted how each site accommodated the preferred particular physical activities of each community.

V. Participants

Fifty-two state legislators from 32 states participated in the summit. The legislators, many of them leaders in their chambers, were from a variety of policy backgrounds and represented a wide spectrum of committee assignments.

In addition to state legislators, other key participants included experts from the CDC, chronic disease directors, health educators, state health department officials and representatives from national organizations such as the Association of State and Territorial Health Officials (ASTHO), National
Governors Association (NGA), the Local Government Commission, Action for Healthy Kids and the American Heart Association.

An agenda for the summit and a list of summit attendees, speakers, workgroup facilitators, experts and staff are included in the appendix to this report.

VI. The Policy Workgroups & Reports

During the summit, state legislators from diverse policy backgrounds were gathered into five policy workgroups to discuss the wide range of policy options available to state governments in combating the obesity epidemic. Based on their preferences and backgrounds, legislators were assigned to a workgroup. Each workgroup was staffed by a facilitator who helped to guide the discussion, a policy expert who provided background information and answered questions and a note-taker to record the workgroup’s discussions. Each workgroup:

- Discussed the range of policy options for state legislators to address obesity in their states, including options that have been widely enacted in states, those being examined that have not been used as well as other promising practices and legislation that have not been enacted;

- Evaluated policy options based on potential cost, effectiveness (e.g. proven approach, untested but promising), scope and other factors;

- Identified and discussed the barriers and the opportunities for each policy option;

- Identified opportunities for state legislators to collaborate with other policy areas in the legislature, with other branches and levels of government and with other public and private partners.

Beginning on the following page are descriptions of the purview of each policy workgroup and its membership list, along with summaries of the workgroup reports delivered on the final day of the summit.

The reports are summarized into three categories: (1) promising policy approaches for state action; (2) identified key policy partners; and (3) suggestions for possible follow-up activities from the Healthy States Initiative. Not every policy approach listed was necessarily endorsed by every member of a particular workgroup. In addition, the lists of policy partners in each workgroup were intended to be suggestive, not exhaustive. Suggestions for follow-up activities were offered to help guide the Healthy States Initiative in developing materials and conferences in the future.
Policy Workgroup Report #1
Community Design & Promoting Physical Activity

Purview

Evidence indicates that aspects of the home, workplace, and community environments influence a person's level of physical activity. For example, the availability and accessibility of attractive stairwells, bicycle paths, walking paths, and swimming pools and the overall aesthetics and perceived safety of an environment may play a role in determining the type and amount of physical activity people engage in. This workgroup explored a variety of policy options to promote physical activity including: fostering collaboration among multiple entities, building codes, supporting safe pedestrian-oriented transportation and land use planning and development.

Membership

Workgroup faculty: Facilitator: Jennie Hefelfinger, Florida Department of Health; Policy expert: Judy Corbett, Local Government Commission; Note-taker: Deana McRae, NBCSL


Report Summary

Promising policy approaches for state action:

- Initiate comprehensive effort to implement Healthy People 2010 goals
- Fund media campaign to promote physical activity
- Create environmental justice commissions or task forces to work to improve health care for all populations
- Use tax policies or revenue sharing to encourage healthy land-use planning
- Encourage participation of business, community leaders and citizens in developing state policies to combat obesity
- Enhance the cultural competence of state and local public health departments to address health disparity issues
- Encourage more collaboration between urban and rural communities on common transportation and land use problems
- Encourage communities to build sidewalks, safe pedestrian crossways over high traffic roads and other pedestrian-friendly infrastructure

- Provide communities with funds to help maintain existing parks

- Promote the development of urban gardens to boost access to fresh vegetables and fruits in all neighborhoods

- Condition receipt of state transportation and development funds on existence of local development plans that promote physical activity

- Encourage building of schools to support community use

**Key policy partners identified:**

- Advertising agencies
- Food and beverage industry
- Business
- Environmental community
- Health advocates/medical professionals
- Parent-teacher organizations
- Universities
- Faith-based communities
- Multi-cultural groups
- Youth groups
- Senior groups
- Media
- Developers, realtors and builders

**Suggested follow-up activities for the Healthy States Initiative:**

- Continue outreach to more state legislators to educate them about importance of community design in promoting physical activity

- Collect and describe data to substantiate specific racial and ethnic health disparities and how they relate to community design issues

- Provide more examples of state action on community design efforts to promote physical activity
Policy Workgroup Report #2

Schools & Children

Purview

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors later in life. Thus, the nation’s 119,000 schools have a critical role to play in promoting the health and safety of young people and helping young people establish lifelong healthy behavior patterns. This workgroup discussed a variety of policy options including school nutrition standards, physical activity requirements, walk-to-school programs, physical education and health education, and parental education about nutrition and physical activity.

Membership

Workgroup faculty: Facilitator: Mary McKenna, CDC’s Division of Nutrition and Physical Activity; Policy expert: Alicia Moag-Stahlberg, Action for Healthy Kids; Note-taker: Maria Ibanez, NHCSL


Report Summary

Promising policy approaches for state action:

- Transfer child nutrition program management from state education departments to state agriculture departments
- Require agriculture and education departments to coordinate management of child nutrition programs
- Create state commission or department of health research to conduct studies and make recommendations
- Encourage school districts to create school health councils
- Require obesity prevention education as part of Medicaid managed care, from prenatal to early childhood, with an emphasis on value of breast feeding and culturally appropriate education
- Require professional standards be met before nutrition/physical activity educators can be licensed or certified
- Encourage school districts to require health and physical education programs for all students
- Encourage state boards of education to prioritize assisting local districts in incorporating more physical activity/health education into curriculums

**Key policy partners identified:**

- Professional sports organizations
- Young people
- Media
- Churches
- Universities
- Medical associations
- Foundations
- Insurance industry
- Restaurants, convenience shops
- Physical education associations/facilities
- Parents, community members
- Educators
- Daycare, Head Start, pre-school

**Suggested follow-up activities for the Healthy States Initiative:**

- Make sure that messages about the dire consequences and high costs of youth obesity are communicated to legislators, governors and parents

- Informational materials about obesity-related policy should be prepared in a culturally sensitive manner, should be sensitive to the self-images and self-esteem of children and should be designed on a local level and not mandated by the state
Policy Workgroup Report #3

Agriculture, Food Access & Nutrition

Purview

A large gap remains between recommended diets and what Americans actually eat. Very few Americans follow the majority of recommendations of the Food Guide Pyramid or the Dietary Guidelines for Americans. Thus, creating an environment that supports healthy eating remains an essential task in the fight against obesity. This workgroup discussed a range of policies related to food access and nutrition, including access to local produce in low-income neighborhoods, competitive food-pricing, farm-to-school programs, food voucher programs and nutrition information.

Membership

Workgroup faculty: Facilitator: Casey Hannan, CDC’s Division of Nutrition and Physical Activity; Policy expert: John Perkins, Texas Department of Agriculture; Note-taker: Tim Anderson, CSG-Midwest


Report Summary

Promising policy approaches for state action:

- Expand farm-to-school programs
- Move child nutrition programs from education department to agriculture department
- Use reauthorization of federal farm bill to change federal legislation to enhance state flexibility to promote purchase of healthy foods, including grants for the study of different approaches
- Leverage value of food stamps to improve access to food, and incorporate WIC into this effort
- Require state departments of health, education, agriculture and social services to develop coordinated nutrition policies
- Encourage physical education and nutrition education to be part of school curriculums—that is, included in testing and related to standards of learning

Key policy partners identified:

- Farm groups & food cooperatives
- Teachers & parents
- Agricultural industry & employers

Suggested follow-up activities for the Healthy States Initiative:
None recorded.
Policy Workgroup Report #4

Business, Employers & Private Sector Initiatives

Purview

Employers are recognizing the bottom-line benefits of setting up work site wellness plans that give their workers more opportunities to eat healthy foods, engage in more physical activity and become informed on practices to improve health and avoid disease. State legislators have a role in encouraging employers to establish work site wellness plans, disease management and provide insurance coverage that pays for prevention. This workgroup explored how states can build partnerships among businesses, employers, health care providers, health plans and other private sector organizations to encourage work site wellness and discussed how insurance benefits can affect disease prevention and control.

Membership

Workgroup faculty: Facilitator: John Selig, Arkansas Department of Human Services; Policy expert: Suzanne Smith Steffans, American Heart Association; Note-taker: Sarah Razor, CSG


Report Summary

Promising policy approaches for state action:

- Offer tax incentives for businesses that provide health care coverage
- Offer tax incentives for businesses that provide work site wellness programs
- Encourage health insurance companies to provide incentives for employees that are making healthy choices
- Allow states to subsidize health insurance for small businesses
- Study ways to help small businesses provide health insurance
- Encourage use of health savings accounts
- Create incentives for early purchase of long term care insurance
- Form buying groups/partnerships among small businesses for purchasing health insurance
- Create a knowledge base—using state surveys of work site wellness programs—to determine programming availability throughout the states
- Provide resources and encourage partnerships between state agencies, private employers, and other community groups
- Create a statewide corporate wellness council to collaborate on work site wellness
- Promote wellness initiatives in other community settings such as churches and civic groups
- Ensure that nutrition is a part of work site wellness programs

**Key policy partners identified:** None recorded.

**Suggested follow-up activities for the Healthy States Initiative:**

- Develop a toolkit for legislators to encourage employers to create work site wellness programs, including a state specific fact sheet
- Create more specific information about communities of color and disparity issues
- Encourage state legislators to lead by example as healthy state employees by, for example, supporting work site wellness in legislative offices
- Raise awareness by publicly participating in healthy activities (health screenings, exercising, losing weight)
- Develop a state solutions guide regarding employer work site wellness initiatives
- Work with national business groups to create initiatives and sample legislation for work site wellness
- Establish a task force for obesity, and identify one legislator from each state to champion this issue
- Create funding opportunities for work site wellness initiatives and encourage support from other foundations
- Development of state-specific information kits
- Provide summaries of and contact information for wellness-related legislation introduced in the states
- Create a contact list of obesity experts in each state for additional information
- Develop economic impact information regarding obesity and program cost-effectiveness
- Develop a culturally diverse contact list of advocates to speak about employer issues
Policy Workgroup Report #5
Medicaid & State Employee Health Benefits

Purview

More and more states are looking for ways to control costs and improve health outcomes in Medicaid programs and for state employee health benefit plans. Some states are encouraging medical care providers to use disease management, including weight reduction, healthy eating and exercise to avoid complications and to improve outcomes. Many states are also providing benefit coverage for primary prevention efforts related to obesity. This workgroup discussed the range of policy options available for states to provide coverage for a more active stance in preventing obesity and its associated illnesses, encourage health care providers to participate, and establish the groundwork to avoid further ballooning of costs in the future.

Membership


Report Summary

Promising policy approaches for state action:

- Encourage all state food service providers to offer healthy food options
- Encourage formation of bipartisan health caucuses, weight reduction caucuses
- Mandate that state employee health benefit plans designate a minimum percent for wellness
- Pass resolutions establishing a fitness month
- Launch a pilot project with public funding for health providers, universities, and others to explore how to reduce costs for obesity through comprehensive program of physical activity and nutrition
- Encourage lifelong activity programs, including adult instruction customized to bring activity to all ages and K-12 requirements for physical activity in school curriculums
- Create centers of excellence for weight management/weight control in a series of locations across the state
- Create revenue-sharing incentives for local governments to develop and implement a community weight loss programs
- Offer tax incentives for advertisers who develop obesity prevention messages
- Pilot test new health-promoting employee benefits, and track these benefits to see if the desired results are obtained and whether they are sustainable

**Key policy partners identified:**
None recorded.

**Suggested follow-up activities for the Healthy States Initiative:**

- Compile plans and examples of state actions on obesity that include culturally appropriate initiatives for African American and Hispanic communities and other special populations, including age appropriate messages
- Convene round tables of legislators to address obesity, and develop state-specific action plans
- Use the Centers for Medicare and Medicaid Services project guidelines to disseminate best practices on treatment of major diseases such as diabetes, heart disease and stroke and make recommendations about how to adapt these practices for Medicaid patient management through provider reimbursement incentives
- Generate state-specific reports about the rates and costs of obesity-related chronic diseases and their impacts on Medicaid, education and state employee health plan budgets.
- Compile evidence for prevention efforts, with examples of existing programs that work
- Develop a package of obesity-related informational materials to share with newspaper editors and other media leaders in each state to help encourage them to cover obesity
- Develop information for legislators to use to convince their peers that action is needed, and to disseminate to other decision-makers
- Involve sports manufacturers in addressing the obesity issue, and to encourage them to provide sports equipment for the schools
VII. What Legislators Can Do

For state legislators seeking methods to combat the obesity epidemic among adults and youth, there are many policy arenas to address, many possible actions to take and many roles to play. Policy actions that have been implemented in states relevant to each of the five summit workgroups are listed here. The policy actions are adapted from the two Healthy States tool kits—Trends and Policy Solutions for Adult Obesity and Trends and Policy Solutions for Youth Obesity—released at the summit. These policy actions are provided to inform legislators and readers of some possible options; they do not necessarily represent the official views of The Council of State Governments or the Centers for Disease Control and Prevention.

Community Design & Promoting Physical Activity

- Encourage collaboration among state land use, transportation and health officials and experts to promote physical activity
- Support walkable and bikeable transportation projects
- Support access to healthy foods in all communities
- Create safe routes to school so children can walk or bike to school
- Encourage school sites that promote walking, biking and community recreational use

(For more details, see From the Statehouse to the County Seat: State Policies that Support Healthy Communities in Trends and Policy Solutions for Adult Obesity Tool Kit.)

Schools & Children

- Require daily active physical education that teaches new skills and is vigorous enough to have health benefits
- Provide incentives for schools to adhere to physical education requirements and limit exemptions from physical education participation
- Support school efforts to implement higher nutrition standards in foods provided on campus
- Establish health education standards to teach children about nutrition and the health benefits of eating well and being physically active

(For more details, see Trends and Policy Solutions for Youth Obesity Tool Kit.)
Agriculture, Food Access & Nutrition

- Provide leadership across agriculture, health and education committees and state agencies to address nutrition in schools while balancing local agriculture and economic interests
- Provide incentives to school districts and businesses to offer fresh fruits and vegetables to students and make available to low-income communities
- Promote the voluntary participation of restaurants and grocery stores in food and menu labeling programs
- Support local agriculture by promoting partnerships among local growers, schools and publicly-funded programs (such as the Women, Infants and Children (WIC) program)

(For more details, see Cultivating Health in a Healthy Economy: Agriculture and Food Supply in Trends and Policy Solutions for Adult Obesity Tool Kit.)

Business, Employers & Private Sector Initiatives

- Create reasonable liability waivers to protect workplaces that provide time, facilities, equipment or support for physical activity from frivolous lawsuits stemming from activity-related injuries
- Offer pre-tax, flexible spending options to private sector employees to pay for health and wellness related expenses
- Support private employer health promotion efforts by working with insurance companies to offer premium breaks for employers that provide preventive health and wellness initiatives
- Create an award program for employers that meet or exceed efforts to promote good health and address obesity in the workplace
- Provide incentives for health maintenance organizations and health care providers to take more active roles in making prevention a health care priority
- Include nutrition counseling and physical activity counseling in minimum insurance coverage requirement policies in accordance with National Institutes of Health (NIH) guidelines

(For more details, see A Healthy Bottom Line: State Government, Businesses and Employers the in Trends and Policy Solutions for Adult Obesity Tool Kit.)
Medicaid & State Employee Health Benefits

- Work with state agencies to establish work site wellness programs for state employees that focus on employee physical activity, nutrition and healthy-weight maintenance
- Support adopting nutrition standards in state workplaces
- Establish new standards for state offices and facility construction, incorporating designs that encourage and facilitate physical activity
- Study and disseminate information on state government costs and state economies from obesity-related illnesses and lost productivity

(For more details, see Beyond Cost Containment: State Policies that Support Health Care Solutions for Obesity in Trends and Policy Solutions for Adult Obesity Tool Kit.)
VII. Lessons Learned and Next Steps

At the conclusion of the summit, Lynne Flynn, health policy director for The Council of State Governments, addressed all the participants and offered a summary of lessons learned and next steps. Her remarks are presented here:

If any of us came to this summit not already convinced that obesity is an epidemic that demands our attention, I think the discussions we heard here convinced us.

Lessons Learned

Our plenary speakers told us, in very compelling ways, that:

- Obesity rates are soaring in every state among both children and adults;
- Obesity is related to many chronic health problems—health problems that can lead to premature death, that can severely damage the quality of life, that drain productivity out of the economy;
- Obesity and the associated chronic health problems disproportionately affect African American, Hispanic and native American populations;
- The costs associated with obesity are high and growing—and as Dr. Jim Marks told us, today’s costs are associated with the adults who became obese before the epidemic hit—so we haven’t seen the worst of it yet;
- When we project the overall costs associated with obesity for our Medicaid budgets in the future, when the effects of the epidemic hits, we realize that the money simply won’t be there to treat the associated health problems.

So clearly we need to turn our attention to preventing obesity and its associated health problems. Gov. Huckabee talked about this as a broad change in mindset—moving to a culture of health.

In addition to the choices we make as individuals, the obesity epidemic is impacted by a number of converging environmental factors related to what we eat and how physically active we are. Factors such as eating out more, increased portion sizes, building designs which “engineer out” stairs, and community designs which encourage us to drive our kids to school and ourselves pretty much everywhere.

The nature of these trends means that no single, simple policy solution can make a dent in the epidemic. Experts and innovators are calling for:

- More holistic, comprehensive, coordinated approaches to combating obesity;
- A marshalling of a host of resources and approaches, along the lines of the campaign against smoking, or earlier public health campaigns against communicable diseases; and
- Strategies that address the unique needs of children and adults, minority communities, men and women.
Jim Marks shared information with us about a number of strategies for fighting obesity that have been documented to work, at least in terms of changing eating behavior and physical activity. His examples included point-of-decision prompts, community-wide education campaigns, school-based physical education, social support interventions in community settings, individually adapted health behavior change programs, and access to places for physical activity combined with outreach education.

Our expert panel yesterday also shared many specific suggestions for policy interventions designed to prevent obesity. For example, amending zoning laws to allow for walkable neighborhoods and neighborhood schools, mandating PE or physical activity in schools, Web-based health risk appraisals and follow up for state employees and other citizens.

Our five policy workgroups identified a number of different promising policy approaches, as well as potential relationships and partnerships to assist with implementation and information needs.

Next Steps

We at the Council of State Governments will use the reports of the policy work groups to help us identify future products and technical assistance that we can provide under the Healthy States Initiative. In addition, you may use the CSG policy resolution process to bring forth recommendations related to obesity prevention.

But the most important outcome of this summit will be the resources and ideas it gives you as you go home and continue your critical work, across committee lines and with a variety of partners, to move your state toward a comprehensive approach to fighting obesity, and ultimately, a culture of health.

Thank you very much for being with us at this Healthy States Obesity Summit, for your contributions to the work of the summit, and most of all, for the critical work you do to improve the health of the citizens of your states.

For more information about the Trends Summit on Obesity, please contact The Council of State Governments’ Healthy States Initiative at (859) 244-8000. Visit the Healthy States Web site at www.healthystates.csg.org to submit inquiries for specific information.
VIII. Appendix

The following is a copy of the summit agenda:

Agenda
Trends Summit on Obesity
Hosted by The Council of State Governments
as part of the Healthy States Initiative
July 20-22, 2005
Chicago, Illinois

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<td>12:00-2:00</td>
<td>Registration</td>
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<td>2:00-2:15</td>
<td>Welcome</td>
<td>Chagall Ballroom</td>
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<td>Speaker: Lynne Flynn, Health Policy Director, The Council of State Governments</td>
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<td>2:15-3:15</td>
<td>Keynote Address:</td>
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<td>The Obesity Epidemic: What the Trends Mean for States</td>
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<td>Introduction of speaker: South Dakota Rep. Jean Hunhoff, Co-Chair, CSG’s Health Task Force</td>
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<td>Speaker: Janet Collins, Ph.D., Director of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention</td>
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<td>3:15-3:30</td>
<td>Break</td>
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<td>3:30-5:00</td>
<td>Plenary Session:</td>
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<td>How One State is Tackling the Obesity Epidemic</td>
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<td>Introduction of speaker: John Selig, Director, Arkansas Department of Human Services</td>
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<td>Speaker: The Honorable Mike Huckabee, Governor of Arkansas</td>
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<td>6:00-7:00</td>
<td>Reception with Table Top Exhibits from Selected States</td>
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<td>6:30-7:30</td>
<td>Optional Group Physical Activity Opportunity</td>
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<td>Breakfast Buffet</td>
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<td>8:30-9:30</td>
<td>Plenary Session: <em>Nutrition, Physical Activity and Obesity: Policy Options</em></td>
<td>Chagall Ballroom</td>
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<td>Introduction of speaker: North Carolina Rep. Beverly M. Earle, Chair, Committee on Health, National Black Caucus of State Legislators</td>
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<td>Speaker: James S. Marks, M.D., M.P.H., Senior Vice President and Director of the Health Group for the Robert Wood Johnson Foundation</td>
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<td>9:30-9:45</td>
<td>Break</td>
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<td></td>
<td>Moderator: Lynne Flynn, Health Policy Director, The Council of State Governments</td>
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<td>Panelists:</td>
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<td></td>
<td>• South Carolina State Representative Ben Hagood (Community Design &amp; Promoting Physical Activity)</td>
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<td>• California State Senator Deborah Ortiz (Schools &amp; Children)</td>
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<td></td>
<td>• Mary Mincer Hansen, Director, Iowa Department of Public Health (Business, Employers &amp; Private Sector Initiatives)</td>
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<td>• John Perkins, Senior Policy Advisor for Food and Nutrition, Texas Department of Agriculture (Agriculture, Food Access &amp; Nutrition)</td>
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<td>• South Dakota State Representative Jean Hunhoff (Medicaid &amp; State Employee Health Benefits)</td>
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<td>11:45-12:00</td>
<td>Break</td>
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<td>12:00-2:30</td>
<td>Working Luncheon/Policy Workgroups Meet</td>
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<td>Sponsored by the <em>National Black Caucus of State Legislators</em></td>
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<td></td>
<td>• Community Design &amp; Promoting Physical Activity (<em>Chagall A</em>)</td>
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<td>• Schools &amp; Children (<em>Chagall B</em>)</td>
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<tr>
<td></td>
<td>• Business, Employers and Private Sector Initiatives (<em>Renoir</em>)</td>
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<td>• Agriculture, Food Access &amp; Nutrition (<em>Gauguin</em>)</td>
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<td></td>
<td>• Medicaid &amp; State Employee Health Benefits (<em>Monet</em>)</td>
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<td>2:30-3:00</td>
<td>Break</td>
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<td>3:00-6:00</td>
<td>Field Trip (By Invitation Only)</td>
<td>Meet in hotel lobby</td>
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<tr>
<td>6:00-9:00</td>
<td>Dinner at The University Club (By Invitation Only)</td>
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**Friday, July 22**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30-7:30</td>
<td>Optional Group Physical Activity Opportunity</td>
<td>Meet in hotel lobby</td>
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<tr>
<td>8:00-9:30</td>
<td>Working Breakfast/Policy Workgroups Meet</td>
<td>Sponsored by the <em>National Hispanic Caucus of State Legislators</em></td>
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<td>• Community Design &amp; Promoting Physical Activity (<em>Chagall A</em>)</td>
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<td>9:30-9:45</td>
<td>Break</td>
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<td>9:45-11:15</td>
<td><em>Policy Workgroups Report-Out</em></td>
<td><em>Chagall Ballroom</em></td>
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<td>1. Community Design &amp; Promoting Physical Activity</td>
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<td>3. Business, Employers and Private Sector Initiatives</td>
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<td>4. Agriculture, Food Access &amp; Nutrition</td>
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<td>5. Medicaid &amp; State Employee Health Benefits</td>
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<td><strong>Expert Panel: Responses to Policy Workgroup Reports</strong></td>
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<td><strong>Moderator:</strong> South Dakota <em>Rep. Jean Hunhoff</em>, Co-Chair, CSG’s Health Task Force</td>
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<td><strong>Panelists:</strong></td>
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<td>• New York State Representative <em>Felix Ortiz</em>, President, National Hispanic Caucus of State Legislators</td>
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<td>• <em>Judy Corbett</em>, Executive Director, Local Government Commission (Community Design &amp; Promoting Physical Activity)</td>
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<td>• <em>Alicia Moag Stahlberg</em>, Executive Director, Action for Healthy Kids, (Schools &amp; Children)</td>
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<td>• <em>Suzanne Smith</em>, American Heart Association (Business, Employers &amp; Private Sector Initiatives)</td>
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<td>• <em>John Perkins</em>, Senior Policy Advisor for Food and Nutrition, Texas Department of Agriculture (Agriculture, Food Access &amp; Nutrition)</td>
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<td>• <em>Nidia Henderson</em>, West Virginia, PEIA (Medicaid &amp; State Employee Health Benefits)</td>
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<td>11:15-11:30</td>
<td>Conference Summation:</td>
<td><em>Chagall Ballroom</em></td>
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<td><strong>Responding to the Challenge of Obesity: How State Legislators Can Make a Difference</strong></td>
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<td><strong>Speaker:</strong> Lynne Flynn, Health Policy Director, The Council of State Governments</td>
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<td>11:30</td>
<td>Summit Adjourns</td>
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The following is a list of summit attendees, speakers, experts and workgroup facilitators:

**Summit Attendees, Speakers, Experts & Facilitators**

| Representative John Aguilera, IN | Dr. Janet Collins, Director |
| Assemblyman Kelvin Atkinson, NV | CDC’s National Center for Chronic Disease Prevention and Health Promotion |
| Senator Diana Bajoie, LA | Representative David Cook, AR |
| Representative Larry Bell, NC | Ms. Judy Corbett, Executive Director |
| Representative Maxine Bell, ID | Local Government Commission |
| Representative Stan Berry, AR | Representative Margaret Craven, ME |
| Senator Kathryn Bowers, TN | Representative Jane Powdrell Culbert, NM |
| Representative Floyd Breeland, SC | Representative Lois DeBerry, TN |
| Senator Gwendolyn Britt, MD | Senator Julie Denton, KY |
| Senator Sharon Weston Broome, LA | Senator Gary Dillon, IN |
| Representative Charlie Brown, IN | Ms. Mara Krause Donohue, Director |
| Senator Tom Buford, KY | Chronic Disease Policy for ASTHO |
| Representative Tom Burch, KY | Ms. Annette DuPont-Ewing, Director of Policy |
| Senator Terry Burton, MS | The Council of State Governments |
| Ms. Carol Callaghan, Director | Representative Beverly Earle, NC |
| Michigan Department of Community Health | Mr. Michael Fierro, Manager |
| Dr. Linda Carson, Director | BearingPoint, Inc. |
| West Virginia Motor Development Center | Senator Vivian Davis Figures, AL |
| West Virginia University | Ms. Lynne Flynn, Director of Health Policy |
| Representative Eileen Cody, WA | The Council of State Governments |
| Representative Mary Coleman, MS | Senator Dan Foster, WV |
| | Representative Gloria Fox, MA |
| | Senator Rosa Franklin, WA |
| | Representative Mario Goico, KS |
| | Representative Tamara Grigsby, WI |
| | Representative Ben Hagood, SC |
Ms. Gladys Parks
Logistics and Administrative Coordinator
The Council of State Governments

Mr. John Perkins, Senior Policy Advisor for Food and Nutrition
Texas Department of Agriculture

Representative JoAnn Potterff, KS

Ms. Sarah Razor, Health Policy Research Associate
The Council of State Governments

Representative Jim Riesberg, CO

Representative Colette Rosati, AZ

Ms. Tamara Salman, Policy Fellow
Centers for Disease Control and Prevention

Mr. John Selig, Deputy Director
Arkansas Department of Human Services

Senator James Seymour, IA

Mr. Tom Sims, Director, Health Promotion
West Virginia Bureau of Health

Senator Ada L. Smith, NY
Representative Eleanor Sobel, FL
Ms. Suzanne Smith Steffens, Senior Project Manager
American Heart Association
Mr. Jeff Sunderlin, Program Manager
Illinois Department of Public Health
Representative Ken Svedjan, ND
Representative Roy Takumi, HI
Ms. Jennifer Tucker, Public Health Analyst
Centers for Disease Control and Prevention
Representative Linda Upmeyer, IA
Senator Leticia Van de Putte, TX
Ms. LaKimba Walker, Executive Director
National Black Caucus of State Legislators
Senator Valerie Wiener, NV
Representative Thomas Wright, NC
Ms. Barbara Yamashita, Chief
Community Health Division
Hawaii State Department of Health