

Trust for America's Health Press Briefing Conference Call Transcript

Release of new TFAH Report: "F as in Fat: How Obesity Policies are Failing in America"

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Shelly Hearne: Good morning everyone and thank you for joining our call to discuss Trust for America's Health's new report '*F as in Fat – How Obesity Policies are Failing in America for 2005.*' This is the second time that we've produced this annual report. Trust for America's Health is a non-profit, non-partisan organization, which is focused on improving the health of Americans. All of these report materials, including the information on each state, is available on our website, which is www.healthyamericans.org – o-r-g.

I'd like to give a particular thanks to Governor Paris Glendening for joining us today to discuss the report and its findings. Governor Glendening served for 2 terms as the Governor of Maryland from '95 to 2003. It is very important to note that during his tenure as the Governor, he served as the Chair of the National Governors Association, and it was there that he helped ignite this national movement toward smart growth, which is pay more attention to how the choices that we make about the physical abilities of communities impact people's health and well-being, and today, the Governor is President of the Smart Growth Leadership Institute, and he actually served as the co-author of this report that we are discussing and releasing today. Governor, if I can turn it over to you.

Paris Glendening: Thank you Shelly. I'll go over a series of the findings at this time, and then, obviously, you'll follow up, and we'll have some discussion after that.

Shelly Hearne: Great. Thank you.

Paris Glendening: It is estimated that 119 million or 64 percent of American adults are over weight or obese. This report demonstrates the seriousness of the issue. In fact, obesity in overweight rates are increasing for adults throughout the country. This is a major, negative consequence for all our health. Obesity is a gateway to a host of diseases ranging from diabetes to heart disease to some forms of cancer. Obesity levels for adults rose in every state over the last year except in Oregon where the level remained the same;

20 percent or more adults are obese in 41 states and the District of Columbia. The goal set by the federal government is to decrease adult obesity rates in states to under 15 percent. Mississippi ranks as the heaviest state. Colorado is the least heavy. Over 25 percent of adults in 10 states are obese; 7 of those 10 states are in the Southeastern United States.

While it is indisputable that individual behavior, eating less and exercising more, is critical to addressing obesity, the government and private industry also have important roles to play in setting policies of taking action to make it easier to help people make healthy choices, and I must emphasize again that it is really individual behavior, eating less and exercising more, that is critical to addressing obesity, but the government and private industry do have important roles.

This report examined a range of national and state efforts to help set a baseline of what the country is doing to address obesity. We found that the current government and private sector activities are insufficient and too narrowly focused to have a significant impact of countering the trend. The bottom line is that there is a lot more that could and should be done to help people with nutrition and exercise, among other things.

Some of the key findings include federal obesity programs are too limited, and they are too siloed to make a real difference toward reducing or controlling obesity. Additionally, the lack of research to form policies and programs severely restrains activities. Obesity worsened by the lack of significant policies addressing community design issues such as sidewalks and suburban sprawl and greater affordability and accessibility to health options including the urban grocery store gap. Many states have launched promising programs to create additional recreation space and to redevelop abandoned spaces. To really see a change in people's health, however, these programs must grow significantly. People who receive food stamps are more likely to be obese compared to both eligible non-participants and higher-income individuals. There is a link between obesity and those with lower incomes or less education.

Most school meal programs still focus on delivering minimum versus maximum nutrition to students, and physical education programs are still given a low priority; 6 states have set nutrition standards for school lunches, breakfasts, and snacks that are stricter requirements than the U.S. Department of Agriculture requires; 11 states have set nutrition standards for food sold in schools that are part of the federally-sponsored school lunch program called Competitive Foods, which includes items sold in vending machines, ala carte in cafeterias, snack shops, and bake sales; 19 states limit the availability of Competitive Foods beyond federal requirements such as restrictions when they can be sold.

Over one-third of the states have tried to improve school physical education programs in the last year. However, the requirements still fall far short. While South Dakota is the only state not to require physical education for students, the requirements in place in most of the states are often not enforced.

A majority of governors throughout the country have taken steps to initiate innovative obesity reduction and control programs for state employees. However, many state-wide initiatives aimed at the general public are often limited to public information campaigns. One interesting trend is that 40 percent of the states have enacted legislation to limit obesity-related lawsuits, although it is unclear what the ramifications of this legislation will be.

Let me turn, at this time, the conversation back to Shelly, who will talk a little bit more about some of the findings and then some concrete recommendations about taking actions across the country. Shelly.

Shelly Hearne:

Governor, thank you very much. Let me just give a framing here of what we did. We reviewed initiatives in each state looking at things from school policies to taxes. We looked at federal programs and their responsibilities and then the role with community design and food access and then even the relationship of health insurance in private industry to obesity. What we concluded is that this is a very complex and pervasive issue of obesity in the United States that, combined with the gaps in scientific research, have resulted in a virtual policy paralysis, and while there are a number of efforts underway, they are pretty slim in relation to the size of the problem. This leaves individuals and communities with little direction from the government and insufficient information.

We have a crisis in poor nutrition and physical activity in this country. It's simple math out there. We are eating more and exercising less, and it's time that we deal with it in a much more systematic and realistic way. The first thing we need is more and better data so that we can get into making smart decisions and get out of this debate limbo that we are stuck in. To help get things started in that direction, Trust for America's Health is challenging the research community out there to focus on 5 major questions in order to reach more informed and effective policy decisions. These include: (1) how does obesity relate to people's health and life expectancy; (2) what is success – can people be fat and fit, or is weight loss necessary to be healthy; the third is what are those relationships between the socioeconomic and cultural issues with obesity; (4) what are the economic costs of obesity and the benefits of possible policy actions; and lastly, who's responsible for obesity reduction – individuals or outside influences combined with individual behavior?

We also took a look at and included a list of 20 commonsense-based policy actions that policymakers could take now, today, even while that research is being worked on. We are in the midst of an epidemic crisis, and it demands action. Some of these include [unintelligible] and preventative care. Employers like state and federal governments, Medicare, and Medicaid should provide routine obesity risk screenings and increase benefits for preventative care, obesity-related disease management, and even subsidizing and encouraging fitness activities.

Another commonsense policy approach would be leveraging change in food options. The federal government has extraordinary clout as a major food purchaser and can leverage its ability to require a greater emphasis on nutritional value as a priority in the bidding process such as we see in schools where they are contracting for cafeterias or public assistance programs or even military meals. The government should also address some of the public concerns over the new food permits and even programs like Women, Infants, and Children, known as WIC out there, and the food stamp programs. We need to be adapting them to be focusing on maximum nutrition for cost.

Another element, and this was highlighted by Governor Glendening with his Smart Growth Leadership Institute, is the issue of smarter community design. We need to really bring this up to public attention. Communities and government must stress smarter community designs including requiring health impact assessments for new buildings and rehabilitation efforts, encouraging designs that promote and integrate space for physical activity such as recreational space, sidewalks so the kids can ride their bikes to school, public transportation, and safe staircases. We are even talking about the inclusion of food shopping venues in new developments and redeveloped areas.

Another one is improved school nutrition and physical education – absolutely a key issue as we see that childhood obesity rates have doubled in the past 20 years. School districts should take the position that minimum standards are not good enough for America's students. Higher nutrition standards should be adopted for foods in schools. Food contracts should be reevaluated to focus on maximum nutrition as a priority in the bidding process, and lastly, physical education – it must be given greater priority in the schools' curriculums.

The last example I would give of the commonsense policies is really what government can do so well. It's providing more and useful information and support. Federal, state, and local governments should provide more accessible, uniform, and constructive information to the public and extend and fully fund some of those community-based obesity reduction efforts, and forge some of the strong partnerships with private industries to support offering healthy options to consumers.

Before I'd like to turn things over, I'd just like to remind everyone again thanks for joining us. All of these materials are available on our website. It's important to note the detailed information that we gave in terms of what's happening in states with policies that is current up to July 1st of 2005. There are a few states that may have done things since July 1st, but it is extremely current, and I welcome all of you to go to our website, healthyamericans.org, to go through those details.

Michelle, if I can ask you to open it up to questions and those who are in the cue.

Operator: Ladies and gentlemen, if you have a question at this time, please press the 1 key on your touchtone telephone. If your question has been answered and you wish to remove yourself from the cue, please press the # key. One moment.

Our first question comes from David Burd. Mr. Burd, your line is open.

David Burd: Yes. Can you hear me?

Paris Glendening: Yes.

Shelly Hearne: Yes.

David Burd: Okay. Governor, let me ask you a quick question. How much are the schools – I don't know if the federal or the local or state guys can really pass laws to get people to get thinner, but obviously, the schools play a big portion of this, and recesses have been cut. A lot of physical activities have been cut. Is that a factor of the states having their monies cut from the federal government, or is there something else that the state can do to get kids off their seats and out on the playgrounds?

Paris Glendening: There are all kinds of things that can be done. Of course, much of it does come down to money, whether it's federal, state, or local money, but I would categorize the 3 major types of activities that really must be focused on and which this report addresses from different perspectives. One is nutrition; what the children are eating in the schools either as part of the lunches or snacks or even where machines are available before and after school and things of this type. Second is the activity level. This is about recess. It's about organized physical activity. It's about requiring it, and in many cases, that has been cut as school districts have tried to meet other imposed requirements including some of the things that are coming out of the No Child Left Behind approach, and then, lastly, of course, is the school construction itself. A number of years ago, guidelines were adopted in most states that required significant acreage at different levels for elementary, middle, and high school. What that has meant is that these schools tend to be much

larger. They tend to be built out in the suburbs, and they force most young people now to ride to school, either by school bus or by parents driving them or something of this type. I routinely ask audiences, "How many of you walked to school when you were young and certainly in elementary and middle school," and most hands will go up. Today, nationwide, just about 10 percent of children walk to school anymore. So, all of these factors come together, and they are important policy decisions, and they do have financial implications. I would add on that last point, a number of states are starting to change the school site size requirements so that small community schools can be built where people will much more naturally just walk to school.

David Burd: Thank you Governor. If I could just have one follow up quickly? Do you see states getting involved with physical fitness test requirements for grade schools and middle schools? It seems to me like years ago that the states were involved with that, but it just kind of like trickled off somewhere. Where are we in that respect?

Paris Glendening: Shelly, maybe I'll let you answer that one, because I have not, personally, seen much activity in that area.

Shelly Hearne: I think many of us remember the days of taking the President's Exam there of how many sit-ups you could do and pushups and all, and those are faded memories. As the Governor had pointed out, most states, except for one, require physical education, but in reality, those classes are becoming shorter and less frequent, if at all, in some of those schools. It needs to become a higher priority, because a healthy child, and certainly obesity is going to hold back a child, a healthy child is going to be a kid who can learn more and better, and so, schools do need to be places for learning how to read and write and eat healthy and exercise more. It has to be as much of a priority as some of the new standards that are coming out for education purposes.

David Burd: Thank you Doctor. Thank you Governor.

Shelly Hearne: Thank you.

Operator: Our next question comes from Bob Dart.

Bob Dart: Yes. The states that have the fattest populations all seem to be in the South, or at least a large number of them. Is there any reason for that?

Paris Glendening: Well, this is one of the areas, obviously, we need significant additional research to find out what combination of forces are coming together, but somewhat intuitively, almost commonsense interpretation is that these states – it's not just the South. It's really the Southeast. These states are the states that have the most sprawl – the highest level of sprawl. They are the states that have very large growing metropolitan areas. Atlanta, for example, immediately comes to mind. As a result of that, they are also the state that has, on the sprawl policies, significantly reduced opportunities for physical activities for work and so on. What occurs is that, as we build cul-de-sac type subdivisions, people can no longer just walk to school, walk to church, walk to work, or anything of this type. They can't walk anyplace, and so, they have to get in the car and drive someplace. I always tell people that if you really want to see this visually the next time you are coming into Atlanta look out and see those hundreds and hundreds of subdivisions all based on long cul-de-sacs in which you must then drive out to a main road to get someplace. Likewise, in most of these states, the uses are so separated from one another that you must drive everywhere. You can't just walk to a neighborhood store or walk to work or anything of this type. I'm reminded of an experience that I had last year when I was in Baton Rouge working with the parish council there, and they are significantly revising their building zoning code to address exactly this issue, but we were in one of the suburban parishes,

and they showed us this new office park that had just been constructed – four-lane urban highway in between, and about three-quarters of a mile down the road, there was a restaurant park. No sidewalks however, and so, when you go there about lunchtime, which we found, as people lined up in their cars to drive down to this restaurant park. Well, there are 2 fundamental problems here. Number one is that there should have been sidewalks encouraging people to walk to and from lunch. Number two, why did they even segregate those uses? Why weren't the restaurants right where the workers are themselves? This is the result of sprawl, and the Southeast is the part of the country that is having the largest amount of sprawl at this moment.

Bob Dart: Any other reasons?

Paris Glendening: That's the major thing that I can interpret that truly stands out from the data we have here. I do think, as Dr. Hearne emphasized, that this is clearly an area that additional research is needed. There are cultural patterns, education patterns, income patterns, and regional patterns, and so, what we need to find out is what is causing these differences, if we are going to really address the issues. Again, intuitively, commonsense tells you that the biggest single difference between the Southeast and the rest of the country is this sprawl issue, but what else is contributing to it is not immediately clear.

Shelly Hearne: And Bob, you know, since you have CDC in your coverage area, that the Centers for Disease Control and Prevention are starting to do some of those investigations to look at what are the cultural issues? What are the socioeconomic factors, even putting together the CDC Trail Blazer Team, which literally is an investigative, almost SWAT, team that has been brought into certain areas of the country where the obesity epidemic has absolutely exploded. Going in there and trying to figure out what are the different key interlacing pieces that are causing these extraordinarily high rates? We need to better understand what's happening out there so that we can inform those policy decisions to be smarter and more strategic to getting a healthier lifestyle opportunity out there.

Paris Glendening: Likewise, I might add that the National Institute of Environmental Health Sciences located in Raleigh just had, at the beginning of this summer, a major conference on obesity and trying to figure out what was causing this. A significant portion of it, clearly, is the built environment, but other policies include activity levels and nutrition and so on. Attending most of the conference, the obvious conclusion to me and just about everyone else there was that we know we've got a significant problem that's endangering Americans, that is costing us both publicly and individually in business, billions and billions of dollars, and yet, we are still not completely satisfied with our understanding of what has caused this – not just an epidemic, but what has caused the almost spike of an increase over just the last several years.

Bob Dart: Okay. Thank you.

Shelly Hearne: Thank you Bob.

Operator: Our next question comes from Kathy Hanrahan.

Kathy Hanrahan: Hi Governor. This is Kathy with *The Associated Press* in Mississippi. So, I'm kind of wondering, how did Mississippi end up number one this year, and what were they last year in this study?

Paris Glendening: Shelly, do you have the information right in front of you of what they were last year?

Shelly Hearne: I'm trying to – Kathy will have to just give me one second as I rifle through.

- Kathy Hanrahan: No problem.
- Paris Glendening: But how they ended up there is not, again, completely clear. Although, I do think, again, what we are looking at is a combination of factors. As indicated here, it is about nutrition patterns, and it does reflect, in some ways, ethnic concentrations. It does reflect income and educational levels as well as built environment activities. All of these may be coming together in a rather unique pattern in Mississippi to cause even a greater increase in obesity than is current nationwide. There are efforts though, I'm very much aware, that start to deal with some of these problems. I was in Biloxi, Mississippi, just several months ago for a major conference that was trying to deal with some of the sprawl issues on the coastal areas that are developing, and I do know that the former and current governors are concerned about the nutritional aspect of it and at least discussed it but have not yet formulated strong policies.
- Kathy Hanrahan: What can Mississippi do to not be number one next year? They have a year to focus on it. What can they do? What type of efforts can we do in that timeframe?
- Paris Glendening: Well, obviously, it's hard to make a significant change in terms of built environment just in one year, but relative to public information and particularly public information that translates into greater physical activity, even by personal responsibility or by school-based programs and things of this type, they can be an impact. Likewise, there can be a review and change of some of the nutrition policies; again, information to the general public for personal responsibility purposes and then focusing on where and how food is distributed elsewhere. A major focus, obviously, would be in the schools. One of the things we have found that is in the report and that I'm very much aware of, from the Smart Growth provision as well, is that in the core communities, the access to a choice in healthy nutritional meals is much more limited and that the ability to eat well, often, is more limited simply because the alternatives and the opportunities are not there. That is another type of thing. A number of states, for example, are sponsoring community-based farmers markets that not only help the agriculture community but also help bring healthy produce and vegetables and so on into these communities. The opportunity to go get fresh vegetables as opposed to canned and processed less nutritional materials has a significant impact.
- Kathy Hanrahan: So, basically what you are saying is that, a lot of times, it's easier to eat the unhealthy foods?
- Paris Glendening: It's not only easier, but in many cases, it's the only option immediately available. When you take your isolated communities and poorer communities who are sometimes urban poor communities, the ability to conveniently get fresh produce or healthy foods is much more limited. These are also areas though, I mean, that again, with relatively little cost, government policy can have an impact. About a dozen states now actively, not just encourage, but help site and sometimes even help financially support farmers markets in these communities that the residents would know that maybe a couple days a week they can go there, and they can buy fresh and healthy food at very, very competitive prices.
- Shelly Hearne: Kathy, also to follow up on your question about Mississippi's ranking, this is the one chart you don't want to be rising up to the top. Mississippi went from number two last year to the top position of number one.
- Kathy Hanrahan: Who was number one last year?
- Shelly Hearne: Number one last year, I believe, was Arkansas, but let me double check on that. It's been kind of neck-and-neck there. Actually, no; it was Alabama.

- Kathy Hanrahan: Alabama. Okay. Well, thank you so much.
- Shelly Hearne: Thank you.
- Operator: Our next question comes from Lori Nitschke.
- Lori Nitschke: Hello. I just wanted to ask – I know a lot of, when we talk about obesity, it seems to be talked about what can be done in schools, but if I'm correct, and correct me if I'm wrong, these studies deal with adult obesity or measure the number of obese adults, then I'm wondering how much harder, if it is harder, to address adult obesity from the government perspective than childhood obesity?
- Shelly Hearne: You're right. The numbers that we have, if that's the best data out there tracked, what is happening with our adult population? So, if you look in our report, we do have information on overweight high school students and also low-income children ages 2 to 5. So, if you wanted to get into those details, those are in the report.
- We've focused in these conversations on children because, in some ways, that's where you have the best opportunities to create the environment for living a healthy lifestyle. You start where you are seeing obesity at its earliest stages. If you can turn it around, then you have your best chance of success for staying healthy as an adult, but there are many things, and our report covers what could be done from government policies to improve and reduce the obesity academic for adults. Governor Glendening has spoken about some of the important changes and issues that we need to take a look at with how our built environment can foster a healthier living style, but it goes from everything to workforce incentives. If you look at – most governors in the states are creating programs for their state employees to lose weight. It's been long recognized that a healthy workhorse is going to be a more productive workhorse. Obese individuals are going to be calling in sick more frequently. They have heavier costs in terms of insurance impacts. We need to take a look at the incentives that could be created and the partnerships with the business community to also have those types of healthy living styles and incentives created in the business community. That's just the beginning of the kinds of commonsense approaches that we could be doing and policies out there that will help make a difference in this very complex and challenging issue.
- Lori Nitschke: And what if your states, like the ones I cover, Nebraska and Iowa, are just sort of in the middle of the pack? Does that mean you can say, "Geez, we aren't as fat as the people in the Southeast, and that's okay," or I mean, is it just such an epidemic that even that everyone – it's problematic regardless of your ranking?
- Shelly Hearne: Across the board, we have every state failing to meet that national goal of 15 percent or less of the population being obese. It doesn't matter if you are in the South and Middle of the country or the Northeast, bulging waistlines are growing, and they are going to cost taxpayers more dollars, and it's going to cost us in years of life and quality of life, regardless of where you live. We absolutely must do a better job in every single state, because those numbers are going up in every state, except for Oregon this year, and we can and must do better to start to turn around this obesity epidemic.
- Paris Glendening: May I also add to the first part of your question about is it more difficult for government policy to work with adults, on one level, that is clearly correct. You don't have the captive audience of school population and so on, but there are many organizations now that reach right into the communities that are increasingly understanding the full impact of obesity and are doing things about it in terms of education and outreach programs. Everything from the AARP to the American Public Health Association to the YMCA are all now actively working on this. Plus, many larger businesses clearly understand that a

small investment in either physical activity opportunities on site or educational programs about nutrition and activity can have a significant impact on reducing their health costs. There's not a day that goes by that you don't pick up some new source about the huge increase of health costs and the impacts associated with that for federal, state, and local government, for private sector, and for individuals. This is one way to really get the public's attention, whether you are business or whether you're local government or whether you're an individual. If you want to reduce your health costs, reduce your weight.

Operator: Our next question comes from Paul Shin.

Paul Shin: Hi. Thanks for taking my call. Going back to the sprawl issue – I'm with *The Daily News* in New York City. I guess we have the benefit of having to walk around a lot, but how do you actually prevent sprawl, when it's an economic issue for developers? Would you advocate something like a national zoning standard maybe tying it to the Department of Transportation's highway funding? How would you actually translate that knowledge into concrete changes in how developers build communities?

Paris Glendening: First of all, we recognize clearly that there are, I guess, 2 major different models. One would call for regulations and saying, "This is growth, and this is a no-growth area." To some extent, those have been used, particularly in a couple of the Western states; in Washington state and Oregon and some parts of California. They don't work very well. They have a lot of resistance, a lot of political controversy, and so on. Instead, what we recommend is to change the overall system right now, in almost every state in the country, plus all of our policies. We tend to subsidize sprawl and in fact encourage it by policy. The national government, for example, putting 80 to 85 percent routinely into building more roads but only 15 percent to 20 percent in mass transit assistance, which means that it's easier to get road money to build further and further out. Likewise, most states have policies that don't encourage economic development literally anywhere, anywhere, or if you build a subdivision, and the next thing you know there is a demand for schools and wider roads and so on. So, we subsidize it. One of the recommendations for Smart Growth America is that we change this pattern of subsidy so that we no longer subsidize sprawl, but instead put those same incentives into [unintelligible] and rebuilding and reusing in existing communities. We could have the biggest construction boom that this country has ever seen for the next 25 years and not take down one more farm or one more forest, if we simply made better utilization of existing communities. What we are trying to do is to change the bottom line so that builder or developer that you are talking about can still build the homes, make the profit, provide the employment, and everything else that's needed but do it in a less sprawling fashion.

Paul Shin: And if I could have just one follow up, you mentioned that Colorado was the least obese state. What is that state doing right? Is it a matter of demographics, or are they actually exercising more, eating less? What's going on in Colorado?

Shelly Hearne: Well Paul, you could probably take a few guesses there. Many see it as one of the – as the outdoor state where everyone is hiking and biking and doing things, but I actually can't answer that question, and it's because we really have not done the needed research to take a look at what are the inner lying and complex factors that are contributing to weight gain in this country. I'll point out, while Colorado is the least heavy state, it's still above the national goals for obesity. In Colorado alone, you have 16.8 percent of adults are obese. That's not okay, and we need to do better, regardless of what state you are living in.

Paris Glendening: I would also add real quickly, from the built environment perspective, it is interesting that Colorado is at the very top of the list in terms of where they should be for obesity, or I

guess, technically, at the bottom, but in any case, they are in the right place on the list. They are also a state that is very aggressive in this area, as I'm sure you are aware. The voters just approved significant expansion of mass transit to accommodate the growth without having a sprawl. In addition, in some of the major cities such as Denver, led by the leadership there of the mayor, there are significant efforts for reinvestment, redevelopment of existing communities, and things of this type. It is, I think, both ironic and appropriate that a state that appears to be doing the best in some ways is actually trying to do more. From that perspective, I think, it clearly stands as a model.

Paul Shin: Thank you.

Operator: Our next question comes from Michael Schwartz.

Michael Schwartz: Yes. I'm with *The Press Enterprise* in Riverside, California. You just mentioned Denver, but I'm wondering if the survey – the studies show some other individual cities, perhaps in California, that are doing things right, that have invested resources in an infrastructure that is conducive to good health. Can we cite some specific cities elsewhere in the country, especially in the West?

Paris Glendening: Shelly, do you want to...

Shelly Hearne: Yes. What, Michael, I should note is that our data is only state specific and can give the overall numbers. So, I can't break this down into either specific demographics or cities, and again, our analysts have looked at what are the state's policy investments and activities, but I will turn to the Governor, if he had any examples with regard to the built environment issue, which, as we pointed out, we understand is a critical element to providing those healthy environments. Governor, do you have any areas that you would want to highlight?

Paris Glendening: Yes. In California, there are a number of very good and positive things going on in this area as well. The expansion of mass transit, for example, in several areas including San Diego and some others is very, very encouraging. The efforts to make it easier to infill [ph] and to reuse statewide the adoption, just recently, of the so-called Smart Growth Zoning Code with form-based zoning is an excellent example, and then, at many local levels ranging from San Francisco to smaller communities throughout the area they are trying to put in place individualized reinvestment and anti-sprawl programs. I think the big challenge that yet remains is for the state to become an even more active partner in kind of setting the framework that will reduce the sprawl and encourage alternate means of transportation and more mixed-use communities. The Smart Growth Zoning Code was the first big step in the state doing exactly that. I shouldn't say first. It was a big step in the state doing that.

Michael Schwartz: Thank you very much.

Operator: Our next question comes from Emily Berry.

Emily Berry: Good morning and I'm with *The Chattanooga Times Free Press*. I was wondering if you could talk a little bit about the private sector, specifically in terms of the diet and pharmaceutical industries, given that the private sector has a big stake in terms of the diet and weight loss industry. I'm wondering what government might do in order to make sure that people don't return to unhealthy choices in terms of trying to medicate themselves thin and possibly exposing themselves to even greater health risks.

Paris Glendening: Shelly, I'll let you hand that one.

- Shelly Hearne: Yes. Emily, thank you. Our report actually did not get into those types of issues in terms of the types of information the government should be doing and analyzing, but what we have stressed, in addition to – from suburban sprawl to school nutrition and other activities of trying to have encouraged business partners to have weight reduction programs. We have looked at how the government, in its many different programs – the U.S. Department of Health and Human Services has over 300 different initiatives ongoing to deal with obesity. One of them is the Food Guide Pyramid, which has just recently been updated, and they unveiled it, actually, in January of 2005, and then in April put out information on updated versions of the Food Pyramid so that individuals with certain kinds of lifestyles could get onto the government website and help personalize and help make better choices with information about how they could eat a healthy, nutritious diet. That's the kind of thing the government can do best is to make sure that labeling really is accurate and providing consumers with appropriate information, that the Food Pyramid is accessible to all consumers and that it's readily understandable and that, in addition, those guidelines, while they came out, there really hasn't been much muscle put behind it by the federal government to promote this. So, even though it's starting to get out there and trying to get information to consumers, it needs to do a much bigger and louder job given that there is so much other information and static out there in terms of what consumers should do, and that's, again, what government can do so well is to really make sure, "Here are the facts America, and here is what you can do to make some healthy choices."
- Paris Glendening: On that last point, I urge people to remember, for example, the dramatic changes that have occurred in the use of tobacco, and it was an aggressive, educational program led by both non-profit but also by governments across the country. There has been a significant reduction, and it's probably one of the most positive things to hit the health of Americans in the last couple of decades. The same conservative effort with regard to obesity could have, we believe, the same significant impact.
- Emily Berry: One other question I had – I wanted to follow up on the specific issue of what's going on in the Southeast, since I'm in Tennessee. I wondered – you talked about just intuitively thinking about the Southeast as having a lot of sprawl, but there are also a lot of socioeconomic factors that I would think, intuitively – just education levels, income levels, the number of children on free and reduced lunches, would you expect that some of those things are a factor as well in the Southeast?
- Shelly Hearne: Absolutely Emily. Obesity is a very complex, and I think that our report – I don't know if you have it in your hand; it's a thick report.
- Emily Berry: Yes.
- Shelly Hearne: I almost wanted to say fat, but there are many different layers and different issues, and the list that you just gave is all likely contributors. Yes. There is a correlation that people with lower education levels and with less income are more likely to be fat, and so, if you match that up with the demographics across this country, you'll see those parallels.
- Emily Berry: Right.
- Shelly Hearne: Simultaneously, we've talked about issues such as the quality of standards for foods that are either served in schools or food that is available through the Women, Infants, and Children Program. What we don't have happening out there is enough places setting maximum standards. In schools, we don't tell kids, "Here's what you have to do not to fail a class." What we do is we tell them, "Here's what you need to do to get an A," and we need to have that same approach with the food that we are serving there. "Here are the top maximum nutrition standards that we should be hitting with our food," not "The

least minimum standards that you can get away with theoretically serving a healthy meal.” We need to be much more aggressive at every different contributing point to this obesity epidemic, and your list there was a very good one that starts to match up, but it gets back to that point I made in the beginning. There is some really basic research that we need to do to better understand what are the key contributors to this obesity epidemic so that we can really zero in our government policies to be doing a much more effective and targeted job to turn this epidemic around.

Emily Berry: Thank you.

Shelly Hearne: Thank you.

Operator: Our next question comes from Timothy Wheeler.

Timothy Wheeler: Thank you. Not to take away from [unintelligible] into the problem or of the detailed analysis in this report of the public and private programs and policies that may affect it, but I wanted to ask a question about the news that opened this teleconference that obesity rates have risen from 2003 to 2004. I went back and looked at the CDC data on which that is based, and they were published in June, and the rate went from 23.7 percent of adult Americans who are considered obese to 24.5 percent. I believe the numbers are correct. It was less than 1 percent, and this was a self-reported survey of Americans and their height and their weight. When the CDC put that out in June, they didn't even characterize that as an increase. In the table that I looked at, they characterized that as a similar rate. I just wonder, given the controversy and confusion that has sort of surrounded this obesity issue with the results of some of the data and estimation issues here, whether it's possibly not a little bit of a stretch to suggest that you can say that obesity really has risen from one year to the next.

Shelly Hearne: Right. Timothy, let me tackle that right from the get go. If you pull out in our report the main chart on Page 11 which shows all the rankings we've done, we shared the same points in terms of the CDC data that they didn't actually release in July but was made available for the year 2004. What we actually have done to ensure that you do have statistical significance is that we've taken the data from every state and combined it into a 3-year average so that we compared the 3-year average of 2002, 2003, and 2004 to the 3-year average prior to that. What that allows you to do is to have that statistical certainty. The data that CDC had on one year was just too thin. It wasn't enough people. It had too much of a – since you are paying attention to numbers, the confidence intervals, the plus or minus was too broad, which is why it is so critical, from a statistical analysis, to do that combined 3-year average. That's where you've got the clarity and certainty that we have a steady increasing rise that has been taking place in the past years, and it's, again, with a 3-year averaging, you can have that 1 percent certainty that that has been an increase, and again, if you look at the trend lines for every year that they've been collecting this data, it is a steady line that shows no signs of plateauing out at this point.

Operator: Our next question comes from Raneeka Claxton.

Raneeka Claxton: Hi Governor. I am from *The Jersey Journal*, and I want to kind of focus a little bit on the New Jersey area. We've talked about, this year, I believe it was Mississippi being the worst and Colorado being the best, and so far, I see that New Jersey still continues to rank 40th in the reports. Can you speak a little bit about what New Jersey may be doing right at this point?

Paris Glendening: Well, I do know that the last several governors, from Christie Todd Whitman through Jim McGreevey, have put a focus on the issue of sprawl and have tried to make a significant impact there. They have also – each of them put a focus on physical activity as well, and

they are very much aware of those problems. In fact, Christie Todd Whitman is the Co-Chair of the National Smart Growth Council with me. So, we are closer, and I work with former Governor Jim McGreevey as well. So, the only thing I can say at this stage is it is very clear to me that the highest state leadership of both parties has an emphasis on the whole health issue aspects of sprawl and that has put an emphasis on the awareness of physical fitness and nutritional needs. I think that that is part of it. The other part, of course, is that you do have higher education, higher income levels, and you do have far more choices available to many citizens. There are still some significant problems. We don't have this accurate data here, but I'm fairly sure that if you really broke it down into some of the smaller poorer subpopulations, you would find rates, but overall, I mean, it's to be commended. It's certainly even doing better than Maryland. So, I commend the people on this. The one other thing that I would add there is the rather dramatic reinvestment we see going on in places like Newark, New Jersey, and so on. I think that that will have a long-term continued positive impact. The expansion of the mass transit that has just occurred there as well will have another long-term positive impact.

Raneeka Claxton: Okay. Thank you so much.

Operator: Our next question comes from Roni Rabin.

Roni Rabin: Yes. Hi. I'm with *Newsday*, and I guess I feel like I'm hearing two things that seem somewhat contradictory. On the one hand, when you opened up your statement, you said clearly people need to eat less and exercise more, and yet, at the same time, you are saying that we need so much more research to answer some basic questions, and the government isn't doing enough, because we don't really have the answers to these questions. So, where are we, I mean, in terms of – is there really such a gap between what we know and what policy needs to address? Do you have some very concrete suggestions?

Shelly Hearne: Well, let me start off again. It is simple math out there. We are eating more. We are eating more calories than ever, but we are burning less, and it just doesn't add up. That's why we have the obesity epidemic, and first and foremost, we do have to encourage people to take that individual responsibility and look at ways to reduce their weight for their own health and for the impact that it has on society, but our point in the focus of this report is while those numbers are going up, the critical ingredients that could make such an important difference for individuals to have a chance are just – while calories count, those government policies are not counted with the same type of weight. We just aren't doing our job in terms of ensuring that we tackle the issues of suburban sprawl. We are not tackling the issues of school nutrition and gym classes. We are not looking at some other very commonsense things that we can do to encourage that basic math, to really help focus on ways to reduce the calorie intake and increase exercise out there, and so, it is a two-fold part. There are some commonsense steps that can be taken, but simultaneously, there are some basic issues and questions that we don't have enough information that will allow us to do this – tackle this epidemic that much more effectively. For example, we had a number of questions by reporters on, "What's happened in this House [ph]? Why is it at such a higher rate than the rest of the country?" Well, the data that is starting to come in is telling you that there are relationships between economics and education, but what is it that's happening there? What are cultural differences? What are the ways that we could help those communities do better? It's about really fine tuning and better understanding those problems so that you can much more effectively have a chance of speeding back this epidemic.

Operator: Our next question comes from Doug Beeman.

- Doug Beeman: Hi. I think one of you mentioned that Oregon had had no increase when you looked at the 3-year averages. Is that correct? There was no increase in obesity rates?
- Shelly Hearne: That's correct.
- Doug Beeman: Okay, but when I look down this list of percentage changes in those two 3-year averages, California had a tenth of a percent; Idaho a tenth of a percent; and Michigan, Delaware, and I think there was one other state in here that had just a tenth of a percent of an increase when you compare those two periods, and I'm wondering whether that percentage increase is all that statistically significant and whether that reflects a slowing down of the increase in obesity rates, this tenth of a percent of an increase in obesity rates in these states?
- Shelly Hearne: What I think is important to do – a tenth of a percent, when you take a look at the enormous population in California, what I actually think might be helpful is we'll go back and look at those numbers and provide them to you. So, I think that will help give that balance and perspective. I certainly prefer a tenth of a percent to a 1 percent. As we said, the national average right now, the increase that's taken place from these two sets of averages is about .7 percent. It's a little under 1 percent. It is significant in terms of we are continuing the upward trend, and when you, again, combine that with the total populations of the states, that's a large number of people, but it is a sign that it's not a logarithmic increase, but again, we have a constant trend that has taken place for the past 20 years that continues to show that we are going up. Again, I'll be happy to follow up on some of those specific states and extrapolate out in terms of what a tenth of a percent means in terms of those total populations so that it can give help give the perspective to how many people we are actually talking about, but these are significant numbers.
- Doug Beeman: Well, okay. Then, Oregon has no percentage increase when you compare those two time periods. How do we know that's an accurate reflection of the trend there and not some statistical blip?
- Shelly Hearne: These are fair questions to ask. This is the best data that's available in this country. It is self-reported data, which is why we took the 3-year averages to help fortify this to be able to make trend analysis comparisons. It does highlight the issues though of we are taking a sampling of self-reported data from every state that has challenges in terms of telling you how accurate it is and how precise, but what we have been following, and again, this is the CDC data that has been routinely collected year after year, is it gives a self-comparison over that time period; same questions being asked, same sampling methodology that is able to show what the trends are that are taking place. Is Oregon – is there a possibility that it's a little less or a little bit more? Any time you have these types of sampling methodologies, it's just like when they take – doing polls for political races. There is some room to go either way, but that's why we did the 3-year averaging; to help give us the most solid data that we can in this country to understand what's happening with the weight problem.
- Doug Beeman: Okay. California – by the way, I'm from *The Press Enterprise* in California, but California, according to your report, has taken a number of steps to try to address some of these obesity issues. How long is it going to take before we see that reflected in these kinds of statistics?
- Shelly Hearne: Well, you could conceivably have some fairly quick turnarounds, but again, this goes back to this point of we are just starting to get our hands around this obesity epidemic and trying to understand what are all of the different factors that are contributing to it. We are not certain which policies work and which don't. That's the challenge that we have here in the early stages of trying to address it. There are some commonsense ideas that

California has been one of the leaders in tackling. The Governor gave the analogy before of some of the issues when we were tackling the smoking crisis from back 10, 20 years ago. California led the nation in having some of the most aggressive and first out-of-the-box efforts to reduce cigarette smoke in its population; everything from eliminating vending machines to bans of smoking in public places – far ahead of the curve. What happened; 20 years later, California led the pack in having the greatest reduction in the number of lung cancer cases in this country. It took a while for those policies to take affect, and obviously, cancer, with its long latency period, it's always going to take a while for the data to show that, but we may have the same kinds of situations taking place where smart, commonsense interventions by governments to help create a climate where weight reduction and healthier eating and better exercise is more possible that you are going to have the payoff in the near future with these numbers, and that's why it's so critical to keep an eye on these trends and look at what's happening when we start to see some positive change to go into there and really try to find out what's working and what's not so that it can get replicated across the country.

Paris Glendening: I would just add on that, by the way, that on all of these issues, whether it's obesity or smoking or whatever, we didn't get here overnight. We've actually worked very hard over the last several decades to become a much more obese nation, and no one should think that there's a magic wand of changing just one policy or even a package of policies and then all of the sudden we are going to shed, collectively, tons – thousands of tons of weight and improve our health, but what we did was a trend that increased for decades, and now, we have to get enough attention focused on the problem, which everyone acknowledges, and then find out what works and start the same trend toward a healthier America, and that's the way, I think, in the most part, when something is based on personal responsibility as well, that change occurs.

Doug Beeman: Okay. Thank you.

Shelly Hearne: Thank you.

Operator: We have a follow up question from Paul Shin.

Paul Shin: Thanks very much for taking my call again. I just had a quick follow up question on the Agriculture Department's Food Pyramid.

Shelly Hearne: Yes.

Paul Shin: When this came out earlier this year, there was a lot of criticism from nutritionists saying that the Agriculture Department basically went out in terms of promoting certain values and the Food Pyramid – nobody could really make sense of it. Does your report say anything about the government actually getting out of – perhaps whether it should get out off the diet guru business and whether there's a problem with revolving doors of high government officials going into food company corporate boards things like that?

Shelly Hearne: Yes. I'll invite you, if you have the report, actually, we talk about the Food Guide Pyramid on Page 93 as part of a snapshot of some of the key initiatives that the U.S. Department of Health and Human Services is doing along with what the U.S.D.A. – the U.S. Department of Agriculture is doing. We really don't get into the details of what's happening with some of the issues you raised. What we've tried to do, as a non-partisan, non-profit organization is this is a resource guide to kind of lay out for you as reporters, for policymakers, for the public. Here's the current understanding of where we are in this obesity epidemic. Was it a best analysis as possible of trends, and here's what's happening at different government levels in addition to some key industries like the health insurance arena. The Food Guide Pyramid, as you'll see in our report, what we do

is we identify what were the concerns that certain critics had, again, to be a resource for people as to what were the issues. People have expressed concerns about the website and the way that the Food Pyramid was presented was very complex and difficult to understand. It wasn't particularly accessible. It didn't talk about what foods should be considered unhealthy, and it certainly didn't have the necessary support to get this information out there and let consumers know what they should know. What we have not done is done any kind of follow up on what's been happening with that with actual individuals or activities, and I don't have that insight, but we've really been playing the honest broker role of, "Here are the facts. Here's what people are concerned about, and here's what the numbers show."

Paul Shin: Great. Thanks very much.

Shelly Hearne: Thank you.

Operator: We have a follow up question from Bob Dart.

Bob Dart: I want to go back a minute to the fat Southerners. It would seem to me, intuitively, that there's a regional difference in the diets. I mean, whether you are rich or poor, Southern people flavor their fresh vegetables with pork. Is there any sign that because of the Southern diet that's why people are fatter?

Shelly Hearne: You know Bob, this is where you'll have the anecdotal tales, and I can tell you about all the fun I've had eating at various picnics and things down there. You've got better insight, but it gets back again to this point we've been making that while we know that people are eating more calories than ever and are exercising less, that's why we have an obesity crisis. There are some key issues out there with cultural, socioeconomic, the demographics out there of various regions. The South presents – it's almost like the canary in the coalmine for this country. The numbers are growing fastest there. The waistlines are expanding at a higher rate with more and more people obese in that region of the country. We need to be taking a very careful look at specifically why is that happening there, what can we do to better turn this around, because I can't give you that answer. I can give you my gut instinct. I hope that's not a pun there, but I don't actually have the details in terms of the cultural aspects, and that again, gets back to why it's so important in initiatives like the CDC Trail Blazers where they are going into those high pocket areas of obesity to really fine tune what's going on. What are the key risks? What can we do better out here to broadcast that to Americans?

Paris Glendening: And you are absolutely right about the need for additional research in some of this. Even on the knowledge, for example, we have the nutrition in food. You can be eating the same thing but prepare it entirely different. I grew up in Florida and spent a considerable amount of time in north Florida. The tendency to fry just about everything was very, very significant. So, you could be having, if you will, looking quantity wise, even the same quantity or same overall type of food, but the preparation would be so different that it would have a significant impact, over the years, on obesity. Part of the problem is we really don't yet have the research to put all of these factors together and say, "This is what's causing this." What we can say is, standing back, that this part of the country is leading the nation in the increase in obesity and is going to suffer traumatically in long term health impacts, unless this is reversed. I still live in the South, and as a leader in the community, I would demand from our leadership answers to what is happening there.

Bob Dart: Thank you.

Operator: I'm showing no further questions. Dr. Hearne, I'd like to turn the conference back to you.

Shelly Hearne: Great. Thank you Michelle. Thank you Governor Glendening for your...

Paris Glendening: I was going to say thank you so very much. I enjoyed it, and I look forward to our joint appearance tomorrow.

Shelly Hearne: Great.

Paris Glendening: Good.

Shelly Glendening: Again, everyone on the call, thank you for your time and questions, and please, again, feel free to visit our website at www.healthyamericans.org for specific details on states and all the report information.

Paris Glendening: And for all the reporters here, thank you so very much. We appreciate you taking a hot August morning to listen to all these statistics. Thank you.

Shelly Glendening: Thank you Governor.

Operator: Ladies and gentlemen, this concludes today's conference. Thank you for your participation and have a wonderful day.