



Municipal Strategies to Prevent Childhood Obesity
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Speakers:

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JOHNSON: Good afternoon and good morning to all of you. We have a great audience today for this latest of our monthly audioconference series from the National League of Cities' Institute for Youth, Education, and Families. We are delighted you could be with us today.

This is part of a long-running series of monthly audioconferences sponsored by the Institute. This call was made possible through the generous support of the Robert Wood Johnson Foundation, which awarded a grant recently to the Institute for Youth, Education, and Families to enable us to explore ways in which municipal leaders can take action to prevent and reduce childhood obesity. We are grateful to the Foundation for its support.

If you are not familiar with our Institute for Youth, Education, and Families, it is a special entity within the National League of Cities. Its mission is to strengthen the capacity for city leaders to take action on behalf of children, youth, and families in their communities. You can learn more about the Institute by going to our website. The direct address is www.nlc.org/iyef. That will give you a lot of information, including a number of resources we will probably talk about today on youth obesity. You also will be able to go to the website to register to receive regular updates from the Institute, if that is of interest to you.

Let me introduce our three panelists for today's call. First we have, Charles Royer, who is the former Mayor of Seattle, Washington, the current director of the Urban Health Initiative sponsored by the Robert Wood Johnson Foundation, and a member of the Institute of Medicine Committee on Prevention of Obesity in Children and Youth.

ROYER: Nice to be with you.

JOHNSON: Secondly we have Connie Busse, the executive director of the Cities, Counties and Schools Partnership in California, which is a fascinating collaboration between the League of California Cities and the state associations of counties and school boards in California.

BUSSE: It's great to be here and I am eager for the conversation.

JOHNSON: Finally, we have Carol Schechter, vice president and director of the Center for Health Communication at the Academy for Educational Development. Carol has been doing a lot of interesting research on youth obesity issues, and is with us as an additional resource for the call today.

SCHECHTER: Hi Cliff.

JOHNSON: Let me start with you, Charlie, and ask, based on your work that put this landmark report together on obesity through the Institute of Medicine, why the childhood obesity issue is so important, why it's now being called an epidemic and what you came away with from your experiences with the Institute of Medicine committee.

ROYER: The report, Cliff, is called "Preventing Childhood Obesity: Health in the Balance." You can get to it by going to www.iom.edu and clicking on "Reports." The report came out in September of last year.

Obesity first came on the radar screen -- childhood obesity and adult obesity both -- about 30 years ago with the Surgeon General's report. Recently, in the last 30 years, the rates have more than doubled in children between ages two and five and 12 and 19, and more than tripled in kids ages six to 11. There are about nine million kids who are classified as "obese" in the US, about 15% of all school-age children. Thirty percent of school age kids are overweight. Obesity is defined as a body mass index of more than 30, which is a function of height and weight -- about the best measure we have.

The issue is really taking off now. Just the other day, the *New England Journal of Medicine* reported that obesity in children is already taking several months off of life expectancy in the United States, reversing a trend that has been 200 years in the making of increasing life expectancy.

Another reason for growing concern is the tremendous negative health impacts for kids who are obese. Thirty percent of boys who are obese will be diagnosed with diabetes, forty percent of girls. The health care costs in our country are already skyrocketing related to obesity in adults, somewhere in the neighborhood of \$98 to \$130 billion a year. There are huge economic incentives, let alone the tremendous personal costs to people who have become obese.

The stakes are very high. The issue is taking off in the press. You hardly go a day without seeing something new on childhood obesity or obesity in the United States. It's something that affects everybody. It affects some subgroups of the population disproportionately, but this epidemic knows no boundaries when it comes to socioeconomic status, race and ethnicity, etc.

SCHECHTER: Charlie, one of the most startling statistics is one that says that this generation of children will be the first in our country to have a shorter life expectancy than their parents due to this epidemic.

ROYER: That is right.

JOHNSON: The data really are startling. What struck me in reading the coverage

from the recent *New England Journal of Medicine* report is that you do not see these health impacts immediately. This is a long-term thing. There is a quote from the Director of the Obesity Program at Children's Hospital in Boston where he says, "We are in the quiet before the storm. It's like what happens if suddenly a massive number of young children started chain smoking. At first, you would not see much public health impact. But years later, it would translate into emphysema, heart disease and cancer." The obesity context obviously, the list of conditions, illnesses and future causes of death are different, but you still have this sense of queuing everything up for terrible outcomes down the road.

Charlie, the Institute of Medicine committee worked hard on this for a long time. What is the Institute trying to do to get this story told, now that it's done such a great job in documenting its findings?

ROYER: We have worked for more than a year on this. We took testimony. We heard from every conceivable source of information on this subject, from industry sources, advertising, the food industry, to professionals who work with schools. There were a bunch of scientists, but also some people like myself who kind of understand communities, who have worked with schools, who understand those systems, and what interventions might be possible candidates to get at a prevention strategy in those domains. We looked at family, home, industry, schools, and communities. We tried to organize the report around different settings with some examples of what is going on in those settings.

We also looked at some simple strategies. I say "simple" but it's probably understating the complexity of it. Still, there are some pretty practical things that people in these domains and organizations can do. The CDC, the Centers for Disease Control, one of the sponsors of the report, asked us to come up with some things that could be done now, in the present, that maybe were not supported by the very best science available. Science is still coming up short in some of these areas, but those things that could be practically done by individuals and organizations are starting right now. There are a lot of those nuggets in the report. What we are trying to do now is get the broadest possible dissemination. We are speaking to organizations and groups.

The report is very readable, is accessible online, and it's in book form. It's something that probably every school board member ought to take a look at and every city councilmember ought to be at least familiar with, because decisions that are made around some of these prevention strategies have impacts far beyond obesity. For example, sidewalks, bike trails, those kinds of things increase quality of life in communities, but are also good prevention strategies for childhood obesity, and deserve the attention of communities.

JOHNSON: I should mention that there is a link directly to the Institute of Medicine report on NLC website. If you go to the Institute's page on the NLC website, you can find the link directly to the report as well.

Connie, let me bring you into this conversation for a minute and ask you, based on the convening that you have started to do with local officials out there in California, how do people hear this? What preconceptions, what levels of knowledge are they bringing to the discussion? What pieces of this do you have a sense they understand, and what pieces are more of a challenge to convey in terms of the trends and the nature of the problem here?

BUSSE: I think the thing that is most striking to people when they come to the forums that we are doing, and in other settings where we have had discussions, is not only the severity of the problem, but the breadth of the contributing factors and how pervasive a sedentary, overeating lifestyle we have.

We are doing a series of countywide meetings where we invite all of the elected officials -- city, counties, and schools--to come together to talk about this very issue. We started out with a presentation by either Dr. Richard Jackson or Dr. Alex Cutler. Jackson was at the CDC. They put the kind of frame that Charlie is talking about on it, where they show slides of these massive housing developments and how you can not walk anymore. A child cannot go see his friend two blocks away unless he walks a mile and a half. In our society, kids can not do that. They frame it with the need to walk, the need to look at nutrition, the need to look at the kind of policies that cities and counties make and the kind of nutrition and nutritional education that schools provide.

JOHNSON: Do they have a sense of urgency, Connie? Do you have a sense of what in the research community is increasingly being viewed as an epidemic that resonates with local folks in terms of what they see?

BUSSE: Yes. I think they see it in two ways. They are beginning to see the urgency of it. But they also see it as something they can impact. I have lots of examples of things people in smaller cities are trying to do to address this, and also things that people in larger cities are trying to do. This is not a city, but this is an interesting thing that came out of the meeting last Friday that we had in Contra Costa, which is in the East Bay of the San Francisco area. It is a county that encompasses both very low income and very high income cities and regions. Senator Torlakson, who is a statewide leader on this issue and from that district, is holding a walk-and-talk town hall meeting. This is something anybody could do in their community. He wants to bring together this sort of regional parks idea and give people access to him as a leader. He is holding a Saturday morning "walk-and-talk", and invites anybody who wants to come and go walking with him in the regional park. It just highlights the importance of addressing this issue.

Immediately, people in this meeting and in other meetings have talked about how we could look at ways to make our sidewalks more walkable. People are doing things like looking at traffic re-organization. We can look at ways, when new communities are being planned, to plan them with sidewalks and stores and walking to school. This just seems to be a very big thing that both cities and schools grabbed onto as the idea of promoting children walking to school and making safe routes to school.

SCHECHTER: Connie, one of the things that has been started in some communities was actually started in England. They call it the "walking school bus," to change the fact that most kids either get dropped off at school or take a bus to school, but it is not really safe for them to walk alone. Parents and school groups have organized this walking school bus where there will be a route and parents pick up kids along the way. There is adult supervision for crossing the street. It just shows another example. It obviously is intensive in terms of labor and volunteer time. But it is not a costly intervention.

JOHNSON: I can tell that you are both bubbling with ideas and strategies to move forward. Before we go there I want to make sure we have a common base of

understanding about what Connie just referred to as the “breadth of contributing factors”. I want to give Carol a chance to jump in on that front, in terms of what is underneath this trend. Everything I have heard and seen suggests it’s a complex story. I want to make sure our listeners have a chance to hear a bit of that.

SCHECHTER: Yes, you are absolutely right, Cliff. It’s probably one of the more complex issues facing us, which both to one degree can be overwhelming, on the other, you can look at it as an opportunity and say we have a lot of different places where we could try to fix. You have on the nutritional side -- a changing food environment with more high fat -- what they call “high density” foods and low nutrients. You get a lot of calories and a lot of unhealthy food, if you think of all the snacks we have and the high caloric meals. Our food system has changed over time, both in terms of what is produced and so have our eating patterns. We eat a lot on the go. We eat out more. We eat more processed foods.

All of that contributes to more “energy in.” I think one way to think of this issue is as an energy balance. If you take more energy in and you have less energy going out on the expenditure side, you are going to have more overweight. On the “energy in” side, we have more processed foods, more abundance of food. We are eating more. We eat all the time and on the go. We have tremendous advertising pressures that advertise the higher caloric food. If you look at the NIH website, it has a portion distortion chart where it just shows you over time what were normal portions ten years ago, and how we have all this “super-size” portions now. You have more going out on the food side.

Then on the “energy out” side, you know that over the last decade as we walk less and we sit more in our jobs and in our schools and in our community, we are just not expending the energy that we did ten years ago, say, as just a normal part of our daily life. Now we have to fit in exercise time, as opposed to just getting that energy out -- part of the equation as part of our normal environment. I think on both sides of the equation, we have a lot of trends that have made it easy for us to all become a little more overweight than we might wish.

BUSSE: I wanted to add, Carol, that we heard on Friday that the food industry spends \$15 billion on television food advertising. Most of that is directed toward kids.

ROYER: Kids make up an enormous market for the food and beverage industry -- upwards of \$30 billion a year. The stakes are really high for them. They are spending much more money than the other kinds of messages that are available to young people. We talked about this in the IOM panel. I think we sort of punted on this issue, to be frank.

SCHECHTER: Well, there is a new IOM panel that is looking exclusively at the marketing towards children for nutrition.

ROYER: We said Congress ought to look at it, and made a couple of recommendations of things they could do. One of the pieces of research that struck me hardest is that young people -- kids under the age of eight -- cannot tell the difference between information and advertising. I mean, it is all information to them. They do not have the ability to reason as we do as adults that, hey, wait, these folks are trying to sell

me something--they have a stake in this, and therefore I might want to be a little more suspicious of the information.

But it is all information to them, and they are bombarded through a multiplicity of screens that are available to kids today. Even in the school environment, they get messages forced down their throats. That is something that I think there would be some political support for, is to focus on the really young kids and say, look, if these kids are under, say, eight, or maybe six or maybe three even, that they should not be bombarded with this kind of advertising.

SCHECHTER: There is an interesting report that a group, CSPI, put out called “Pestering Parents”, that also talks about not only the advertising towards children, but the impact that children have on directing food purchases by the family. If any of you on the phone are a parent and you have been in the supermarket, you know. It is just easier to buy it sometimes.

ROYER: Yes, they are spending a lot of money on packaging for the kids.

JOHNSON: Let’s start a conversation about subgroups of children, and particularly issues around class and race and culture and how these vary across groups of children. As I understand it, there are some specific issues here as well that make it more challenging.

ROYER: There is some very interesting stuff here. We had a wonderful researcher on the panel who is kind of a food anthropologist, if you will. She has done a lot of work in this area. There are higher rates of obesity in African-American, Hispanic and American Indian communities. We know that from the data. But there are some real tough political issues, if you will, in discussing this. We had a long debate in the IOM panel about whether to use the term “obesity” and whether we just ought to use “overweight.” “Obesity,” some people feel, is stigmatizing to kids. That is one of the issues that we are very concerned about. If you are an overweight kid in school or an obese kid in school, you have got a pretty tough situation to deal with, with your peers.

The other thing is that body shapes are perceived differently in some different communities. In some African-American households, if you are really skinny, you are not perceived as being healthy. In fact, the really skinny people that you find in some inner city communities might be using drugs or not living a healthy lifestyle. Then there is a general history that goes way back for all of us, that says if you are too skinny, you are not eating well and you are not healthy. There are those kinds of image issues.

SCHECHTER: There have also been studies of parents’ perceptions of children’s weight. Parents across ethnic groups think a chubby child, especially in the early years, is a sign of health, and tend to underestimate or incorrectly estimate when their children are bordering on overweight.

To go back to your discussion of the word “obesity”, I know it is in the title of your report. But clinically, physicians do not use the word for children. They use the word “overweight” because of that stigma issue, as well as the fact that one of the compounding problems with children is that they are going to be growing over time. With an adult, you would hopefully find a good weight and maintain that weight. Targeting the right amount of calories in and exercise out is kind of a changing target for

youth.

ROYER: It is still controversial. I know we had pediatricians on the panel who made a powerful case for using the term “obesity” because the health consequences are different from “overweight.”

BUSSE: I also think it is a critical thing as we think about going forward to be clear that we do not stigmatize children around this, that whatever solutions we come up with that should not happen. I was at a meeting for the Center for Youth Participation addressing this issue. It was one of the things that kids were very clear about: whatever they were going to do, they were not going to make other people feel judged about being overweight. I think that would backfire.

ROYER: Well, one of the success stories in the country is turning out to be the reduction of smoking, just as seat belt use was successful, in a broad societal and behavioral change that was brought about by some specific strategies and the building of a movement behind it. In the case of cigarette smoking, we did actually stigmatize smokers--forcing them outside to smoke and the issue of secondhand smoke. We all said, you are not just hurting yourself, you are hurting others.

Obesity is a little bit different. I tend to think that the secondhand smoke issue and obesity is part of the reason for the rising cost of health care for people whose behaviors do include a healthier lifestyle like not smoking and trying to maintain a relatively safe weight. As people begin to look at their health care costs in an organization, and there is an obese smoker, I think that is the kind of thing that is going to cause people to not necessarily stigmatize that person, but say, wait a minute; maybe you ought to be paying more for your health care.

BUSSE: That really goes into really touchy issues. We heard at one conference from a woman -- Linda Caffee -- who is with a group that tries to prevent discrimination against the overweight and obese. It is, as you just mentioned, particularly an issue with children. You want to somehow target behaviors and target healthy eating and exercise and not target the person. You kind of want to label, or somehow in our programs, talk about the behaviors and the actions and not judge the people. There are also, Charlie, discussions about should overweight people pay for two airline seats or something like that.

It's a very tricky issue trying to get people to be empowered, to change behaviors and incorporate healthy behaviors without making people feel like second-class citizens. As was mentioned, it's particularly an issue with overweight children about issues of bullying and poor performance in schools. It's complex. I do think though, that there are ways to address that in our programs, particularly with children. You do not want to be stigmatizing or separating them.

ROYER: There is a very interesting paper on this issue. There are two researchers -- I believe one is at Syracuse University -- who have written about the issue of how personal behavior can ultimately become political, and then the political system sees it as an issue and takes steps to fix it. They used smoking, seat belts, prohibition, all of the good old -- you know, “sex and drug” issues that were dealt with by society by making them political issues. Their names are Kersch and Morone. I think you can just

Google Kersch and Morone and get the linkage to their paper. But it's fascinating because they go into the history of how behaviors -- personal behaviors -- can become political. It's not a pretty story because it is about stigmatizing and about laying blame often, which God knows is a lesson we do not want to teach to our kids. But it's the reality of political process sometimes.

JOHNSON: This rich exchange has done a lot to sketch out where some of the land mines may be in terms of moving forward. I do want to make sure we have some solution-oriented conversation here though. I want to build off of the framing that Carol offered earlier about energy inputs, energy outputs as two different frames for thinking about how to balance the equation here and reduce or prevent obesity among children and youth. But let's start with the physical activity side of this -- the energy output. Perhaps starting with Charlie as a former mayor, what can city folks do to more effectively promote physical activity, both through connections to the built environment and through other programming?

ROYER: I think there is a lot of good news here in an issue that is somewhat full of bad news as well. The good news is that there is a heck of a lot that local officials can do to improve their communities, to reengineer physical exercise and physical activity back into our daily lives. They are all things that contribute to making the community a higher quality place to live. I am talking about mixed-use development, beautiful, walkable streets and safe bike paths and trails and connections to the natural environment. There is just so much that can be done there.

Actually, there is a pretty good source of what communities large and small are doing across the country in the Active Living By Design program that the Robert Wood Johnson Foundation is funding. There are 25 communities around the country that have been funded for five years to address community design, land use, transportation, architecture, trails, parks, other kinds of issues that influence healthier lifestyles. You can access that at www.activelivingdesign.org. It's a really great website. You will see the 25 communities when you go to it and click on "Community Partnerships." They are all across the country. It's a wonderful, diverse mix of cities. Here in Seattle, for example, an organization called "Feet First" is inventorying neighborhoods, mapping neighborhoods, often low-income neighborhoods in the community, and assessing how friendly they are to the pedestrian and how safe they are. They will come up with recommendations for the city council and the government to deal with. It's something that every community can do relatively easily. I think just taking a look around your neighborhood and seeing what is in the way of your walking, whether it's a drug dealer on the corner or whether it's just a street with too many cars and no speed limit. You can fix these things. Over time in reengineering physical activity back into these communities, you will have an impact on weight gain. You only need to walk 15 minutes to get rid of something like 100-some calories. That is a walk to the store.

JOHNSON: Connie, how has this come up in the conversations that are starting out there in California? How much are people thinking about this link to physical activity? Are there creative ideas surfacing there?

BUSSE: I was just going to comment that this mapping of neighborhoods is something that larger cities seem to be doing -- Riverside, Sacramento, San Diego. But I

think that this is an area where you could accomplish two things. One, it's something that youth would like to be engaged in. It's a kind of activity that they could do. If you have a youth council or some kind of a youth organization in your city, this is a very good activity for them -- and if you do not have one, it's a way to start it. They would help map what is walkable and what is not safe. They are very good at that kind of thing. That is a strategy that people are thinking about.

A lot of the cities are thinking about issues of calming traffic, creating more walking spaces, including or improving parks, adding some lighting to parks, etc. San Diego County, which seems to be ahead of the game in all of this, is creating a countywide master plan in addressing obesity, not just for youth. All of the park and recreation departments have come together and created a coalition. In July they are highlighting all of the different new programs they have instituted in their parks and recreations departments to address more physical activities for youth.

Another strategy talked about a lot is cities and schools using gymnasiums and fields and things together, rather than having to build something new. These cities are using what they already have in a new way, forming what are called joint-use agreements to do that. The school property can be used after hours when the kids are not there. The parks can be used by the kids during the school hours. Or the schools can help plan programs for those parks, if that needs to happen. I hear a lot of talk about joint use of swimming pools and parks and school fields, and these are the kinds of physical activity solutions to childhood obesity.

The one thing that people are concerned about, in California specifically, is that our schools, in trying to meet all the academic demands, have cut way back on physical education in schools. People are only beginning to think about what to do about that.

ROYER: Don't you think, Connie, that there is a wonderful opportunity in afterschool programs and out-of-school time programs to build more physical activity, and maybe nutrition curriculum into afterschool programming? It seems a really easy candidate.

BUSSE: Another creative thing that the City of Lafayette, which is about 1,800 citizens or so, did was work with their waste management department. They did something called "Round Up for Education." They are asking people in their city when they get their waste management bill to just round it up to the next dollar. If your bill is for 47 cents, you just round it up. The waste management company is collecting that "round up" money, and the city will give it back to the schools for creating physical education programs. I think that is a great way to not use public money, but to still gain this extra funding that you might need.

SCHECHTER: Cliff, to suggest an answer to your question on some afterschool programs, I think it's very important. We have heard some excellent suggestions on what communities can do along the structural line or planning line. There is a lot that people can do also at the school or afterschool level and the individual level. That is why I said there is so much opportunity for change. People should not feel like they have to just change their environment before they can get started. There are a couple of afterschool programs that have been tested and shown to be effective. A lot of them combine physical activity and nutrition. Some of these are on various websites. There is a new

program called "Catch After School." One in particular that should be available in April, is called "Media-Smart Youth," which was designed explicitly for an afterschool setting and looks at nutrition, physical activity and gets at some of these media issues we talked about earlier to help teach kids to be more media savvy. There are a number of curricula and programs that have been designed for afterschool programs.

I also wanted to mention that another group at AED here, the Center for Youth Development, has developed community use mapping for food mapping and physical activity mapping. So there are a lot, as you suggested, of groups already doing those mapping exercises.

ROYER: Right now in the country, we are spending \$18 to \$20 billion a year on new school construction and rehab. We are building these schools often in places that you cannot walk to. We are even building them without stairwells- these are the kinds of things that Smart Design can help to deal with. If you think about the construction of a new school carrying several agendas for a community, including the physical activity agenda, I think these places could be designed much better, much smarter.

In St. Paul, the one example that I know well, is an elementary school that went into a high school called the John A. Johnson High School and a rehab took place. But the YMCA co-located with the school.

BUSSE: What a great idea!

ROYER: It's a school-as-center-of-community approach. It really is smart, and its two funders are not two organizations doing very different things. They realize that they are both working for the community, and here is a smart way to increase their service.

JOHNSON: Let me mention one other resource on the afterschool front. The National League of Cities is part of something called The Afterschool Alliance, and they have a lot of material on their website on the obesity issue. If you go to www.afterschoolalliance.org, you will find it there.

I wanted to touch briefly at least on the nutrition side of this -- on the energy inputs, what kids are eating, and what foods they have access to. An awful lot of the discussion in the larger community about this aspect of the youth obesity issue focuses on schools and what schools are doing, what school meals are offered, what vending machines are in schools. There are lots of hot-button issues there. Let me just ask if any of you specifically have thoughts on the city role in that discussion. What if you are on the city side of this ledger, rather than on the school board side? What are the handles here? What do you think city leaders can do?

ROYER: Well, there are some very good trends around the country. The increase of the number of farmer's markets in neighborhoods is one example. We have found in the IOM report and through the IOM process that in a lot of neighborhoods you do not find fresh produce and fresh vegetables and fruit. This may account for some of the disproportionality of obesity in lower-income minority neighborhoods. You do not find it at a price you can afford in a lot of communities if you are a lower-income family. Cities can enable the expansion of these farmer's markets often through regulatory processes. It's not only good for protecting open space and rural land that is used for

farmland and giving the managers of that land, the stewards of that land, a ready market nearby but it helps the family farmer as well as the neighborhood. In Seattle, the number of farmer's markets is just skyrocketing. There are 40 or 50 of them now, where there used to be just one major market in Seattle and then several smaller satellites. But now it's really moving. Cities can encourage that.

BUSSE: I also want to mention that the City of Orinda, which is less than 20,000 in the East Bay of San Francisco, has passed a city ordinance that bans drive-through restaurants. Other cities have talked about banning the closeness of convenience stores. They have found in their city that people were happy not to have the drive-through restaurants near the schools where kids could have access to that kind of thing.

SCHECHTER: Another example of what cities do can be seen in New York City. Their Department of Education has made a major commitment in their School Foods Department to changing the whole school food environment in the New York City Schools. They serve something like over 800,000 meals a day, and they are looking at changing not just the things like vending machines, but actually what they serve and linking it to education in the schools. It's a very exciting effort going on there.

JOHNSON: Other thoughts about trying to influence the school decision-making and school environment around nutrition?

BUSSE: The County of Contra Costa passed an ordinance that 50 percent of all food in vending machines in county buildings has to be healthy. They have even defined what healthy means. There is also a big movement out here for school districts beginning to redesign what they offer to kids. The most successful way they have found to do that was to begin in the elementary school, both with changing what they offer and nutritional education as kids move up. It's hard to start at the high school.

If you do not really work with the kids and have the kids help lead that, it is not going to be as successful. But where they have started at the elementary school, it's worked exceedingly well to change what they offer to kids. When kids are given healthy choices and nutritional education, they choose it, is what people are telling us here.

SCHECHTER: The schools are important. But I think there is a statistic that something like two-thirds of all food consumed is still consumed in the home, despite all the fast-food stuff.

JOHNSON: What is the parent education piece of this, Carol? Do you know how we get at that?

SCHECHTER: I think one of the new federal programs being launching in June really addresses it. It's called "We Can" and it's going to be sponsored by NIH. It addressed parent support and parent education, in addition to working with community groups. They will be putting out a parents' curricula that could easily be used by afterschool and community groups. Some simple things like increasing the number of family meals taken together and not watching TV while you eat are things parents can try to do. I know some of the kids might protest!

ROYER: Well, we had a very interesting set of testimony about the role of the parent, including hearing from people whose lifestyles are very different, who are working outside the home, who come home and are already feeling guilty because they do not see enough of their children. The last thing they want is a food fight. They pretty much say, "Let's not get into an argument about what we eat. You can eat what you like because we have to go to another meeting or a practice tonight" or something like that. It's very complex in terms of the parents' role.

FACILITATOR: Your first question comes from Eliza Nesmith.

QUESTIONER: I work with afterschool programs, and I am interested in doing something with fitness, which we already are. Is it going to be critical if I do not add a nutrition piece right away?

ROYER: I think the Robert Wood Johnson Foundation, who is going to be a big funder of this kind of thing, believes that over time they would like to keep nutrition and physical activity connected because it is a matter of balance. But that is from a potential funder perspective, I think.

QUESTIONER: Regardless of funding, would you say the approach needs to go hand in hand? That I should connect fitness and nutrition right from the beginning, or I would be wasting my time?

SCHECHTER: What kind of program are you offering? Is it a classroom setting, or is it a physical activity program?

QUESTIONER: Right, it will be physical activities that will lead to an incentive and web-based tracking of increased physical events that the young person does.

SCHECHTER: Adding nutrition education can be complex. But you can position the physical activity as part of that energy balance equation, and then you are addressing the energy out, you know, just getting more activity time.

QUESTIONER: Right. I like the energy in, energy out approach.

JOHNSON: It does seem like the consensus in the field at the moment is that you have got to try and push on both sides. Would you agree, panelists, about this?

ALL: Yes.

FACILITATOR: Your next question comes from Lucinda Fickle.

QUESTIONER: We are calling from the Finance Project. One thing that we are interested in here at the Finance Project is looking at creative financing strategies for afterschool programs or communities that are interested in rolling out a nutrition or a physical activity-based kind of activity for their afterschool programming. I wonder if either of you have any examples of communities that have done some interesting

financing strategies or some programs that have done some interesting financing strategies to do this.

JOHNSON: Thanks for that question. How do we pay for this, folks?

ROYER: In my own opinion, afterschool -- and we work a lot with it in the Urban Health Initiative in cities -- is not in a sustainable position in terms of financing. Particularly on the public school side, afterschool is foundation funded or can be a very tenuous kind of funding. I think sustainable financing is something that really needs to be addressed overall in the afterschool field. It does not seem to me to be in a sustainable position. It's not treated like the sort of basic that it really ought to be treated.

JOHNSON: Connie, do you have any reflections based on where you sit in California on the financing side? You have given some great examples of things that every community, large or small, can do that do not necessarily cost money or cost a lot of money. I think that is definitely part of the message here.

BUSSE: Well, I do think that that is the issue that everybody is struggling with. That one little example of the "Round Up for Education" is something that people are interested in and will investigate and see what they can do with that. They actually thought they might raise \$50,000, which would not be huge, but it would help. If it wasn't with waste management, then they would begin to think about doing it in all utility bills. That is a way to sort of provide some funding. But no one here has figured out how to fund afterschool, preschool, all of the different aspects that would need to be funded. That city again was in Lafayette, and it's also in San Ramon.

FACILITATOR: Yes, your next question comes from Mary Beth Feldman.

QUESTIONER: Are there any legislative agendas out there that are specifically targeting physical activity and nutrition? I know that there are these school bills, but anything that has really been provided and really dug in, in terms of success?

JOHNSON: I know that a piece of the legislative agenda has been put together by the Afterschool Alliance. You will find that on their website.

SCHECHTER: The only legislation I am aware of is a number of bills in different cities and states to limit vending machines in schools and stuff like that.

ROYER: A lot of the response is on the regulatory side, both state and federal.

BUSSE: I know that Congress, as Charlie mentioned, is going to be looking at some regulatory steps against advertising to children. I do not think that is in the short run. I think that is a longer-term agenda.

QUESTIONER: Has there even been any conversation about creating community initiatives that would be incentive programs similar to employment incentive programs to get parents and children engaged in community efforts. The corporation, whatever, can then get a rebate or some kind of tax incentive or anything like that? Or are we still in the

infancy stages of this?

ROYER: There is some activity around health plans and providing incentives for healthier behaviors among the membership of the health plans. King County here where I am in Seattle is doing some of that. But that is where some leverage really exists and I think is underutilized.

JOHNSON: Is it fair to say that there is more discussion, more traction on this issue right now at the state level than on the federal level?

SCHECHTER: Yes, definitely, yes.

JOHNSON: I know in Connecticut, the Connecticut Commission on Children has been driving a process for developing state level legislation that would try and take a multi-faceted approach to the obesity problem. There's not a lot of federal discussion right now about this topic.

SCHECHTER: You are absolutely right. Somebody was just mentioning about the business community. The National Business Group on Health works with employers. The employers in the big industries are concerned about this because they see it as affecting their health care costs and insurance is one of their biggest costs of doing business. They will do anything they can to lower that. They see obesity as a key issue. There are a number of businesses that are getting involved in doing things. They may be a source, both for working at the community level or funding things or just a partner in different community activities.

ROYER: You can also visit the National Governors' Association website and their Center for Best Practices. They are doing an awful lot on the active living side. It's a good way to find out what states are doing. You might want to kind of jiggle your own state a little bit. In California, I think there is just tremendous opportunity partly because it's such a diverse state, and with a history of innovation and trying some new things. But now with Richard Jackson, the Health Officer there, the former CDC person, probably one of the leading exponents of dealing with these environmental determinants of health, I just expect some real innovation to come out of California.

BUSSE: I think there is a lot bubbling here. The State Superintendent of Schools has two different efforts around physical activity and around nutrition and now has a sort of a panel addressing it as a whole. You know, our governor, when he gets done with the big political battle he's going through right now, is interested in this and will fund and sponsor legislation around physical activity and nutrition.

We have a couple bills going through right now. I think that there is a lot going on here, both at the state level and at the local level, to try to begin to address this. We will be over the next year trying to collect at least a reference to all of those and putting it on our website.

JOHNSON: After our last question, I'm going to come back to each of the three of you for a last parting thought. If you had a chance to be with a mayor of a typical city or town, whatever that might be, what is the one thing you would suggest to the mayor that

they do?

FACILITATOR: Your last question comes from Dr. Paula Elberg.

QUESTIONER: Thank you for this wonderful panel. I was in a previous life director of a medical component to a CBO. We used the opportunities in afterschool time and in community school settings to make nutrition a vital part of the education of the youngest kids we could reach. That having been said, it obviously is a complex issue that requires an awful lot of changing of people's behaviors. We know the area that is most difficult is changing people's basic tastes -- tastes for food, tastes for recreation and so forth.

But at the same time as we are doing this work, the food industry is working and ramping up enormous efforts to sell our kids junk food, and more and more of it, and more cleverly than ever before. I attended a conference accidentally, in a sense, sponsored by the food industry, mostly supplied by the people who put the foods in the vending machines, in Chicago last year. What I listened to were psychologists and food marketers who were literally advancing the ideas of how to sneak the ideas of healthy food into packaging that was really unhealthy, but low-cost, of course, to the industry to produce, so that it could be easily sold to populations.

Where is the regulation of those kinds of dangerous operations that are obviously well-funded? It's a part of our ambition to promote our capitalism. But this is not being regulated in any way. I just want to give one quick example. Milk in schools has been a big problem, because as they promote the idea of calcium importance, what about all the sugar that is in these?

SCHECHTER: And the fact that it's high-fat milk. The kids need to be drinking milk that is low-fat or no-fat.

QUESTIONER: Right, and if anything, we are talking about sugar being added. There was no response to that except to say, "But that is what will make these bottles sell." Where is the regulation?

ROYER: I think it is coming, Paula, and I think it is coming for the same reason that it came to the tobacco companies and that industry. That is, once people find out they are being lied to, once they find out that these companies are capable of ill will and these kinds of deceptive practices, there will be a political constituency for Congress to intervene in a regulatory way. The lawsuits and all those kinds of things are beginning.

QUESTIONER: But Charlie, what can funders do? What can funders do to hasten that occurrence?

ROYER: Well, I think good old-fashioned communication -- get these stories out. Get them out into the hands of people who can make decisions in those regulatory bodies.

JOHNSON: Thank you for that question. Who on the panel wants to start with a parting thought about what you would tell a mayor, a member of a city council to do?

ROYER: I would say to the mayor, look, there is good news here. This is not all

bad news. If you do a few basic things well to redesign your community, to address the built environment with the right partners, including youth -- I just love Connie's idea of the youth-led mapping efforts and those kinds of things -- engaging people in these small, but absolutely influential steps to improve the built environment for physical activity, you can make a difference. Bad news is it will take you a while, and you have to work in a very interdisciplinary way because this is multiple issues requiring multiple interventions.

SCHECHTER: I would just echo that in terms of that this is a big problem, but there are lots that people can do, and do a very positive spin. Just get active, get people involved, and start publicizing it.

There are a lot of win/win strategies here. For example, get your city to be voted the "healthiest hometown," or something like that. You can do it with the built environment, as Charlie said. You can also just do it with working with Parks and Recreation and getting out "fun runs" or walk-and-talks. There are lots of different low-cost to high-cost ideas. Just get going.

BUSSE: I would echo both those things, and particularly drawing on partnerships with other people so that it becomes a community-wide value.

JOHNSON: The bully pulpit for city leaders is a large one. Just starting conversations, bringing people together to brainstorm about what can be done can pay off enormously.

I want to thank all three of you for your time and your wonderful thoughts today. We have been joined by Charles Royer, the former Mayor of Seattle and the current director of the Urban Health Initiative; Connie Busse, the executive director of the Cities, Counties and Schools Partnership in California; and Carol Schechter, the director of the Academy for Educational Development Center for Health Communication here in Washington, D.C.

I'm Cliff Johnson, the executive director of our Institute for Youth, Education, and Families at the National League of Cities. I hope you will join us for future audioconferences. We are holding them on a monthly basis, and you can find more information on our website at, www.nlc.org/iyef.