



## Health Program

*Nutrition and Physical Activity Initiative*

# Lots to Lose:

How America's Health and Obesity Crisis Threatens our Economic Future

EXECUTIVE SUMMARY



June 2012



BIPARTISAN POLICY CENTER



## **Health Program**

*Nutrition and Physical Activity Initiative*

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# Nutrition and Physical Activity Initiative

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# Executive Summary

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Our nation is in the midst of a public health crisis so profound that it is undermining our national well-being, our economic competitiveness and even our long-term national security. Fully two-thirds of Americans are overweight or obese. One-third of American children are overweight or obese. And among children under the age of six, nearly one in five is overweight or obese.<sup>1</sup> Obese people are far more likely to develop chronic diseases like diabetes, hypertension, asthma, heart disease and cancer. Obese children are more likely to have one or more risk factors for cardiovascular disease, to be prediabetic (i.e., at high risk for developing diabetes), and to suffer from bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. They are also very likely to become obese adults.

In short, obesity is the most urgent public health problem in America today. It is a primary reason why life expectancy in large parts of the United States is already several years lower than in other advanced countries around the world. For millions of Americans, it means many more years – even decades – of sharply reduced quality of life. More broadly, the costs of obesity and chronic disease have become a major drag on our economy. Escalating health care costs are *the* main driver of our spiraling national debt, and obesity-related illness comprises an increasingly large share of our massive health costs. The obesity crisis is therefore not just a health crisis, but a major contributor to our fiscal crisis. At home, individuals and families struggle with the consequences and costs of obesity and disease on a daily basis. But for our nation as a whole, the impacts of America's obesity epidemic jeopardize our global competitiveness and national security, directly undermining our ability to cut the federal debt, prepare and sustain a highly productive workforce, maintain our military strength, and compete effectively in the global economy.

Turning the tide of this epidemic is challenging for several reasons. First, changing behavior is never easy, particularly when that behavior is rooted in much deeper changes in the way many Americans live, work, play and eat. Second, public resources

to implement new policies and programs are constrained as never before. Given these twin challenges, the importance of responsibility and leadership in combating obesity and chronic disease cannot be overemphasized. Both are clearly needed at the level of individuals and parents, who ultimately make the decisions and set the examples that influence not only their own health but that of future generations. But responsibility and leadership are also needed at the level of communities and key institutions, including government. These institutions shape the environment in which individual and family decisions get made and they can help bring about the broader changes needed to ensure that all Americans—including especially vulnerable citizens—have access to information and options that support and encourage healthy choices.

The Bipartisan Policy Center (BPC) launched its Nutrition and Physical Activity Initiative based in large part on our concern about the national debt and the clear role that escalating health care costs play in our nation's looming fiscal emergency. Obesity and chronic disease are a critically important piece of this puzzle. In searching for solutions, we have focused on those areas that we believe hold the most promise to bring about change on the scale and within the timeframe needed to respond to the enormous fiscal, social, economic, and public health threat they present. We recognize that effective responses to the current epidemic will require action and change on the part of individuals and families, as well as action and change on the part of a wide variety of interests and organizations: large companies, advocacy groups, community leaders, health professionals, business groups, and foundations, not to mention local, state and federal government. Success is only possible if all these entities work together and bring creativity, innovation and focused commitment to the effort.

The good news is that we are already seeing an enormous convergence of attention and initiative in this area. Many important ideas are being tried – some of them out of economic or other necessity and often with limited resources – from healthier menus in Army mess halls to improved school lunch

# What Makes Us Healthy



# What We Spend On Being Healthy



Source: Derived from information from the Boston Foundation (June 2007).

programs and community-based preventive care services. This report makes specific recommendations aimed at building on the most promising efforts, with the benefit of insights gained from a year of intensive research and outreach to groups and individuals who are already working – in all kinds of settings and in many different ways – to promote healthy nutrition and physical activity. This Executive Summary, like the main report, is organized to reflect four broad categories or targets for action: families, schools, workplaces, and communities. A fifth category of cross-cutting recommendations addresses public awareness, food and farm policy, and information sharing.

## Healthy Families

For most people, healthy patterns of diet and physical activity begin at home. Parents and caregivers, in particular, have a strong influence on what children eat and how active they are. In fact, recent studies indicate that the general health and obesity of parents is a powerful indicator for the health outcomes of children. Moreover, these influences start very early: a growing body of research indicates that nutrition during the first thousand days – starting during pregnancy and continuing to age two – plays a significant role in determining an individual's health, not only later in childhood but over his or her entire lifetime. BPC's recommendations for healthy families focus on increasing awareness of federal diet and physical activity guidelines, aligning federal nutrition assistance programs with dietary guidelines, and promoting breastfeeding for the first six months of an infant's life.

**Healthy Families Recommendation #1: HHS and USDA should extend federal guidelines for diet and physical activity to all children under six and enhance public awareness and understanding of these guidelines.**

Existing dietary guidelines, which are developed by the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA), apply to children and adults ages two and up; current physical activity guidelines start at age six. Given the

importance of establishing healthy patterns for diet and activity in very young children we recommend that HHS and USDA take the following specific actions:

- Develop, implement and promote national dietary guidelines for the first thousand days, covering pregnant women and children up to two years old;
- Similarly, develop national physical activity guidelines for children under six years old; and
- Support these guidelines by developing an effective national strategy for disseminating this information and educating parents about the benefits of first foods and physical activity, particularly for populations that are most at risk for poor nutrition and health.

**Healthy Families Recommendation #2: USDA should ensure that all its nutrition assistance programs reflect and support federal dietary guidelines.**

The USDA's Food and Nutrition Service (FNS) operates 15 federal nutrition assistance programs that together serve millions of the nation's most vulnerable citizens, including many of the populations most at risk for poor nutrition, obesity and related chronic diseases. Because these programs touch nearly one in four Americans annually, they provide a critical opportunity for educating people about the connections between diet, physical activity and health. The major federal food programs include the National School Lunch and School Breakfast Programs, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, the Supplemental Nutrition Assistance Program (SNAP), and the Child and Adult Care Food Program (CACFP). To promote better childhood nutrition and health through these programs, we recommend that HHS and USDA take several steps to: (a) align messaging and education about nutrition through these programs, particularly as they affect pregnant women, new mothers, infants and young children; (b) provide technical training to states and local USDA staff to



improve program implementation and effectiveness; (c) conduct research to gain a better understanding of program participation, utilization and impacts; and (d) increase awareness of program benefits.

**Healthy Families Recommendation #3: All key institutions – including hospitals, workplaces, communities, government and insurance providers – should support and promote breastfeeding with the goal of substantially increasing U.S. breastfeeding rates for the first six months of an infant’s life.**

Breastfeeding is enormously beneficial for both mother and child. And for the child, these benefits are long lasting: research finds that breastfed infants have improved health outcomes later in life, including lower rates of obesity and chronic disease.<sup>11</sup> A 2010 study published by the American Academy of Pediatrics found that if 90 percent of new mothers in the United States breastfed exclusively for six months, this change alone could deliver health care cost savings on the order of \$13 billion annually.<sup>12</sup>

Today, roughly three-quarters of new mothers in the United States *start out* breastfeeding, but that rate drops off sharply once mothers and infants leave the hospital: by three months, only 35 percent of infants are exclusively breastfed and at six months, the figure is less than 15 percent.<sup>13</sup> And while not all mothers breastfeed, for those who do, institutional, family and community support can make the difference between sustaining this practice versus not. To support and promote breastfeeding, hospitals should follow “baby friendly” practices, including discouraging the use of formula except where medically necessary, tracking and reporting their maternity care practices, and providing follow-up support for breastfeeding after new mothers leave the hospital. Both hospitals and the federal WIC program should follow the World Health Organization’s Code of Marketing of Breast Milk Substitutes, which aims to limit unwarranted exposure to breast milk substitutes and related advertising. Finally, employers have an important role to play in providing nursing breaks and a private place for mothers to express breast milk. We also recommend

that a national program be established to publicly recognize businesses that demonstrate best practices in providing lactation accommodations.

## Healthy Schools

Because most children spend significant amounts of time in school or in childcare facilities outside the home, these settings afford an important opportunity to influence the health and lifestyle choices of the next generation. Studies also find a direct link between nutrition and physical activity and improved performance in school. For these reasons, opportunities to promote better health through nutrition and physical activity in school have received considerable attention from policymakers, health experts, and other stakeholders. The Healthy Hunger-Free Kids Act passed by Congress in 2010 required USDA to update nutrition standards for foods and beverages served in schools, including foods and beverages sold through vending machines and school stores. This was the first update in 15 years. The legislation also calls on schools to strengthen their wellness policies to look at the overall health of students.

Historically, less attention has been given to nutrition and health in childcare settings for preschool-aged (as opposed to school-aged) children, but here too a growing number of initiatives and programs have been launched in recent years. For example, USDA is moving to update Child and Adult Care Food Program (CACFP) meal guidelines, which apply to food served in childcare settings (among other venues). For schools and preschools, the primary challenge at present is to scale up successful programs and fully implement policy changes that have already been introduced, including the Healthy Hunger-Free Kids Act.

**Healthy Schools Recommendation #1: Childcare providers should improve nutrition and physical activity opportunities for preschool-aged children.**

Nationwide, 12 million U.S. children under the age of six are in childcare and, of these, 1.9 million are cared for in a family day



care setting.<sup>v</sup> While strides have been made to improve nutrition and provide more opportunities for physical activity in school, childcare and preschool settings are another critical area for intervention. A growing body of research indicates that waiting until kindergarten is too late. By age five, one in five children is already overweight or obese. Given the importance of early intervention, we must ensure that early childhood environments provide the strongest start possible, including access to nutritious food and regular physical activity.

**Healthy Schools Recommendation #2: Schools should improve food and nutrition education by aggressively implementing the Healthy Hunger-Free Kids Act.**

To assist states and school districts in implementing the above recommendation, USDA should compile existing resources, and supplement them where necessary, to establish a national clearinghouse of tools and information. We also recommend that the Centers for Disease Control (CDC) and the Department of Education explore how they can provide resources to assist with education and other elements of the transition.

For their part, states should develop implementation plans, with a focus on training and other support necessary for successful implementation, to help schools aggressively embrace Healthy Hunger-Free Kids Act requirements. Particular attention needs to be paid to the training and technical assistance needs of small and rural school districts where barriers to implementation have typically been higher.

**Healthy Schools Recommendation #3: Schools should improve nutrition and physical activity offerings, in partnership with the private sector.**

Given current budget constraints at the federal, state and local levels, schools and school districts will have to innovate and work with the private sector to expand the resources available to support nutrition and physical activity in schools and to prioritize the use of existing resources to achieve maximum benefits.

School gardens are an example of the kind of project that has been shown to be highly effective as a teaching tool, that does not require a very large commitment of resources, and that lends itself well to partnerships with outside organizations. Schools should also look to outside sources of funding and support using models such as the Alliance for a Healthier Generation's Healthy Schools Program, which provides technical assistance to help participating schools improve food quality and physical education programs. This effort is similar to the USDA's Healthier U.S. Schools Challenge, which provides small monetary incentives to schools that meet rigorous standards for food quality, participation in meal programs, physical activities, and nutrition education.

**Healthy Schools Recommendation #4: Federal, state and local governments, along with private partners, should explore all available avenues to increase quality physical activity in schools.**

Specifically, schools should require 60 minutes of physical activity per day as an integral part of their wellness policies. Children spend much of their day in school and often also participate in after-school programs, and promoting physical activity in the school environment is critical to supporting physical and mental fitness in students. Given the funding challenges many schools face, all available options should be explored, including but certainly not limited to physical education classes. Options frequently exist that are simple and not costly. Partnering with other public and private institutions, incorporating health information in school curricula, and innovating to maximize returns from existing resources will be critical to successfully implementing these recommendations.

## Healthy Workplaces

For many Americans, the workplace is second only to home in terms of time spent and impact on lifestyle choices. Fortunately, growing numbers of employers are seeing the connection between healthier workers and healthier profits. This is because obesity and chronic disease are strongly linked to lower employee

productivity, higher rates of absenteeism and presenteeism (when people are present, but not working effectively), and higher health care costs. Of course, employers are also uniquely positioned to influence workforce health, particularly since they bear such a large share of employee health care costs (currently, 60 percent of Americans are insured through an employment-based plan).<sup>vi</sup> Increasingly, research is finding positive, and in some cases quite dramatic, returns on employer investments in workplace wellness.<sup>vii</sup> These programs also deliver less measurable but still important (and valuable) benefits, in terms of improved employee satisfaction and retention.

***Healthy Workplaces Recommendation #1: CDC, in partnership with private companies, should develop a database of exemplary workplace wellness programs with a rigorous cost/benefit analysis to help scale up existing best practices in both the private sector and within government. The Small Business Administration (SBA) should provide support here.***

A registry of workplace wellness and health promotion initiatives that could be readily accessed by a variety of stakeholders would put the workplace wellness movement on more solid footing and help employers identify proven strategies and program designs that are well-suited to their industry, size and organizational structure. Additional steps that would support employer investments in workplace wellness include developing tools and resources to analyze the costs and impacts of wellness programs, providing resources for pilot programs and program evaluations, and supporting certification and accreditation programs as a way to lower barriers to participation and accelerate the dissemination of best practices.

***Healthy Workplaces Recommendation #2: The federal government should both scale up successful workplace wellness programs and continue exploring innovative approaches.***

The federal government's Office of Personnel and Management (OPM) currently spends \$40 billion per year covering health care costs for federal employees. But because all employee-related medical and pharmacy claims are paid centrally through OPM, individual departments or agencies have no way of tracking their particular health care costs. This reduces accountability as well as incentives to promote employee health or disease prevention. Options for changing current practice so as to make department or agency heads accountable for, or at least aware of, employee health costs should be explored as a first step toward modeling leadership on the issue of workplace wellness in the federal government. Federal investments in data collection and tracking to substantiate the benefits achieved through different workplace wellness demonstrations will be well justified if they point the way toward replicable approaches that reduce costs and improve performance, not just in the federal workforce but for firms and their employees throughout the economy.

The U.S. Department of Defense (DoD) is providing particularly strong leadership in this arena and has several initiatives underway to improve health among service members and military families. For example, the Army launched the Soldier Fueling Initiative when it found that attrition rates were higher among new recruits because many of them had lower bone density levels, incurred more injuries, and suffered from deficiencies in calcium, iron and various other vitamins and nutrients compared to previous recruit cohorts. This initiative combines enhanced physical education and training with healthier food choices and an information/awareness campaign to emphasize the importance of good nutrition for soldier performance. DoD has worked with dietitians to improve food offerings at military dining facilities more broadly but it could do even more to promote nutrition and physical activity, both on base – through military hospitals, schools and childcare centers – and off base in communities with a high proportion of military families. Because our national security depends on a fit and high-performing military, DoD is an employer with a particularly critical charge. It also has the capacity, influence and organization to change

“business as usual” in ways that affect the rest of government, as well as institutions in our larger society. By applying many of the tools described in this report – from supporting breastfeeding at maternity hospitals to providing healthier food choices and recognizing the important role of schools and families – DoD has an opportunity to substantially enhance the health and performance of service members and their families, while at the same time leading the way for the rest of the country.

## Healthy Communities

Along with home, school and workplace, community plays a central role in the lifestyle choices that influence people's health outcomes. Their local community is where most Americans access the goods and services on which they rely, from the grocery store to the doctor's office; it is also where most of us go to play, worship, recreate, eat out and be entertained. This chapter discusses a wide-ranging set of recommendations, all of which are rooted in the community, broadly defined. For organizational purposes, we divide this chapter into three major subtopics: health care services, large institutions, and the built environment.

### 1. Community-based, Prevention-focused Health Care

Rising health care costs have prompted growing interest in disease prevention as a more effective and ultimately less expensive way to keep Americans healthy. Good diet and an active lifestyle are clearly central to an approach that favors promoting wellness and preventing disease over a model that focuses on treating health problems only after they arise. Our recommendations target three kinds of interventions that are necessary to support the shift to a prevention-focused health care system. First, health care professionals must be better trained to provide care that addresses issues of diet, physical activity, wellness and disease prevention. Second, the base of available care resources and care providers must be broadened to include non-traditional providers who can deliver services in non-clinical, community-based

settings. Demand for these services already exists, but so far the supply of providers has not caught up. Third, we need mechanisms to enable public and private reimbursement for health conditions and services that are often not covered under the existing system.

***Healthy Communities Recommendation #1: Nutrition and physical activity training should be incorporated in all phases of medical education – medical schools, residency programs, credentialing processes and continuing education requirements.***

Professionals throughout the health care system are uniquely positioned to inform and motivate Americans on the subjects of nutrition and physical activity. Americans see medical professionals – nurses in particular – as a trusted source of information, and health care providers are the number one go-to resource for parents who are concerned about their child's weight. But the medical education and licensing system in the United States is not currently set up to ensure that health professionals have the incentive and expertise to deliver messages about weight, chronic disease, diet and physical activity not only effectively but consistently. On the contrary, the consensus among medical organizations and experts is that nutrition education at all levels of health training (undergraduate, post-graduate, fellowship, licensing and board certification, and continuing education) is uneven at best and often inadequate. The goal of this recommendation is to infuse the education and training of all health professionals with nutrition and physical activity information and behavioral methodologies or tools (such as motivational interviewing), and to make basic competency in these areas an integral part of certification and continuing education requirements. Achieving this goal will require leading expert organizations to partner in developing a comprehensive national strategy and standards for nutrition and physical activity education across the continuum of the health profession.

***Healthy Communities Recommendation #2: Non-clinical, community-based care is a critical tool in preventing obesity and chronic disease. We need to train and deploy a prevention workforce to deliver this kind of preventive care.***

Recognizing that for many people, contact with traditional health care professionals such as doctors and nurses is limited or sporadic, we recommend engaging a wider base of resources and person-to-person interactions to deliver messages about health and influence lifestyle behaviors. Recent initiatives suggest that community health workers, health coaches, dietitians and nutritionists, lactation consultants, and others can be effective in working with individuals and groups to change awareness and habits around diet, physical activity and other health-relevant behaviors. And their interventions, whether provided in collaboration with a health professional or not, can be more cost effective than the same services delivered by a traditionally trained doctor or nurse practitioner.<sup>viii</sup> Expanding this trained, community-based “prevention workforce” – and finding ways to reimburse for its services – would offer multiple benefits by improving health outcomes, reducing health care costs, and creating new job opportunities. Standardized training programs and curricula are needed to tap this potential.

***Healthy Communities Recommendation #3: Public and private insurers should structure incentives to reward effective, community-based, prevention-oriented services that have demonstrated capacity to reduce costs significantly over time.***

Because many community-based, preventive health care services are not currently covered by either public or private insurers, creating new reimbursement mechanisms or reforming existing ones to cover these types of services is critical to realizing the potential benefits of a broader,

wellness-focused approach to health care. An example of this approach is being pioneered by UnitedHealth Group (UHG) and the YMCA, which have partnered to implement a diabetes prevention program in which UHG reimburses the YMCA for education, counseling and weight-loss services according to performance-based metrics (not simple participation rates). Similarly, the federal government is examining potential ways to increase coverage for preventive services through programs such as Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). Further demonstration projects, whether public or private, are needed to provide data on what works. We should reward those services and providers who demonstrate the capacity to bend the cost curve.

## **2. Large Institutions**

Large institutions such as hospitals and universities, sports and entertainment venues, hotels, and large government departments or agencies (DoD, for example) serve meals to thousands of people on a daily basis. A single major retailer such as Walmart may sell food to millions of customers each day. These entities, private and public, have enormous purchasing power and can leverage major changes in the food supply chain, both in terms of what kind of food is produced and in terms of where and how the food is distributed. As in schools and workplaces, interest in healthy food and wellness on the part of large institutions has been on the rise in recent years. Innovative programs and partnerships have been multiplying and there are a growing number of success stories to be considered and possibly emulated. Several large hospitals, major retailers, universities, restaurant and hotel chains, and large government agencies have launched promising initiatives in recent years to improve menu offerings and promote healthier food choices.

**Healthy Communities Recommendation #4:** *Large, private-sector institutions should procure and serve healthier foods, using their significant market power to shift food supply chains and make healthier options more available and cost-competitive.*

**Healthy Communities Recommendation #5:** *Public-sector institutions should continue to lead by example, promoting healthy foods and physical fitness as a means to enhance employee performance, both in the military and within the civilian workforce.*

### 3. Community Programs and the Built Environment

Community programs and the built environment play an important role in supporting (or discouraging) a healthy level of regular physical activity. In many parts of America, the built environment reflects and reinforces an automobile-centered way of life. Resource-strapped towns and cities have cut back on recreational programs and facilities. And only those with extra time and means have the option to join a health club or gym. In some areas, it's hard even for children to be active; schools don't offer sports and activities, parks and playgrounds may be inadequate or non-existent, and simply playing outside may be too dangerous because of traffic or crime or both. In sum, considerable empirical evidence exists to suggest that where people live and work has a much greater impact on their health than their interactions with the health care sector or their genetic makeup. And while these "social determinants of health" do have some correlation to income levels, they affect all Americans living in all kinds of communities. Our recommendations for promoting more active lifestyles at the community level focus on three specific areas of opportunity: (1) leveraging existing resources, (2) utilizing technology in innovative ways, and (3) changing the built environment over time.

**Healthy Communities Recommendation #6:** *Local governments should leverage existing resources and infrastructure assets to expand opportunities for physical activity.*

In communities that lack safe, adequate places for children, youth and adults to exercise and play, or where schools don't have the facilities to support physical activity programs, "joint use" agreements provide a mechanism to enable the shared use of public facilities. Typically, this type of agreement would be struck between two government entities, such as a school district and a city or county. Joint use agreements have been successfully used in a number of locales to expand the sport and recreational opportunities available to students and members of the community. A variety of other low-cost options and public-private partnerships have also been used to promote healthy activity at the community level—a good example are the various walking initiatives, such as Everybody Walk and Get Fit, that have been launched in neighborhoods and at schools across America.

**Healthy Communities Recommendation #7:** *Families and local governments should make creative use of technology to increase physical activity.*

Modern technologies, including video games, mobile phones and computers, are often viewed as a major driver behind today's more sedentary, less healthy lifestyles. After all, American children spend, on average, more than seven hours a day in front of a screen. Yet, given that these technologies have become an inescapable and, for many people, indispensable part of daily life, we believe it is time to reframe the debate. Opportunities to develop games that require or encourage the user to be physically active are expanding rapidly. Some such games already exist and others are being developed. Newer ideas include linking pedometers and accelerometers to games and prizes, using geo-caching and other geographic digital games to encourage kids to go outside, and using social media to share information about

physical activity options (such as mobile apps that provide information about good recreation or walking options).

***Healthy Communities Recommendation #8: Local governments should use the planning process to change the built environment in ways that promote active living.***

Growing numbers of cities and towns are using the planning process and zoning codes to shape the built environment in ways that promote walking and bicycling, help residents stay connected, and improve quality of life. In many cases, mayors and county and city council representatives are working with architects and designers and with planning, transportation and public health departments to create healthier buildings, streets, and urban spaces based on the latest academic research and best practices. As an alternative to imposing new requirements, some cities have removed or changed old zoning codes that work against the goal of encouraging healthier, more active living. Other cities have incorporated physical activity guidelines into their construction codes and adopted policies that support outdoor play and exercise. These include offering incentives to designers and developers to build in ways that encourage walking, bicycling, and active transportation and recreation.

## Cross-Cutting Recommendations

### 1. Public Awareness and Marketing

The food industry spends billions of dollars each year marketing products to American consumers. According to the Institute of Medicine (IOM), as much as \$10 billion per year is spent just to market food specifically to children. A number of large food and beverage companies, both individually and in some cases as part of a larger initiative, have recently made voluntary commitments to reduce their marketing to children, and/or sought to improve the nutritional quality of their product offerings. While these efforts are to be applauded, too

many advertising messages – including particularly those directed to children – continue to promote unhealthy foods. At the same time, research shows that many people have difficulty interpreting the health-related claims that are often used to market food, either as part of food packaging or in advertisements.

In sum, more can and should be done to communicate clear, consistent messages about the importance of healthy diet and physical activity and to provide consumers with the information to make healthier choices. Expanded efforts in this realm should make use of new advertising and media outlets, including not just TV, print, radio and the internet, but also new and emerging social media, kid-directed games, product packaging, and digital media advertising.

***Public Awareness and Marketing Recommendation #1: The food industry should adopt uniform standards for what constitutes “better for you” foods using the Institute of Medicine Phase 2 report as a starting point and making sure industry standards are aligned with the U.S. Dietary Guidelines.***

We also call for an independent entity to monitor and evaluate the impact the industry’s voluntary “Facts up Front” proposal is having on consumer choice, with the goal of measuring whether consumers are using this information to change their purchasing and consumption behaviors.

***Public Awareness and Marketing Recommendation #2: The Ad Council or similar organizations should coordinate a multi-media campaign to promote healthy diet and physical activity, funded by leading private sector companies in collaboration with federal agencies.***

For both the nutrition and physical activity aspects of the campaign, high profile and influential messengers are



critical. We recommend involving celebrities, athletes and other public figures who resonate with audiences and have the ability to inspire change.

**Public Awareness and Marketing Recommendation #3: Food retailers should adopt in-store marketing and product placement strategies to promote the purchase of healthier, lower calorie products.**

**Public Awareness and Marketing Recommendation #4: States and localities should continue to innovate and experiment with ways to change the profile of foods in the marketplace.**

As part of ongoing efforts in this area, additional information generated by states and localities about the impact that different state policies and local ordinances are having on food choices, portion sizes and other factors – for the general population and for children in particular – would be a useful contribution to existing research in the field.

## 2. Food and Farm Policy

Agriculture is a major sector of the U.S. economy and one in which government decisions – subsidies and incentives, trade policies, etc. – play a major role. Historically, farm and agriculture policies were, at most, tangentially influenced by considerations of diet, nutrition and health. This has begun to change. Growing awareness of the costs and impacts of high rates of obesity and chronic disease in America are prompting a broader look at our entire food supply chain and at the policies and programs that, along with consumer preference, determine what foods appear on grocery store shelves and, ultimately, on our plates.

**Food and Farm Policy Recommendation #1: USDA, in collaboration with other stakeholders, should identify and address barriers to increasing the affordability and accessibility of fruits, vegetables and legumes.**

We recommend taking specific actions, including: reviewing existing government policies for opportunities to eliminate barriers that may reduce the supply and increase the cost of healthy foods; authorizing a generic fruit and vegetable promotion board; improving transportation and distribution systems to make fresh produce more available and affordable; and exploring ways to incentivize healthier food choices through federal nutrition assistance programs.

**Food and Farm Policy Recommendation #2: USDA should identify and pursue further opportunities to promote health and nutrition through its nutrition assistance programs.**

Federal nutrition assistance programs, like SNAP, WIC and CACFP, reach millions of the nation's most vulnerable individuals and families each year – including many people at high risk for obesity and chronic disease. We recommend continued support for these programs coupled with increased efforts to align program guidelines and incentives with federal dietary guidelines. We also recommend further research and analysis to better understand the impacts of these programs on dietary choices and health in the recipient population and to inform relevant policy debates going forward, such as the current debate about whether certain food items should be excluded from the SNAP program.

**Food and Farm Policy Recommendation #3: Congress should continue sustained support for relevant research by offices of USDA.**

Research conducted by the USDA's Agricultural Research Service (ARS), the National Institute of Food and Agriculture (NIFA), and Economic Research Service (ERS) is valuable to ensure that policymakers, stakeholders and the public continue to have robust, up-to-date information on the impacts of food and farm policies.



### 3. Information Sharing and Analysis

One of the greatest challenges for all parties interested in promoting healthy diet, physical activity, wellness, and preventive care is accessing the wealth of data and ideas that is being generated in this realm. From understanding what programs are working well to what the latest research can tell us, there is an enormous need for better ways to share knowledge and learn from different efforts. Time and again, as BPC reached out to different stakeholders we learned about important, innovative, sometimes low-cost or even cost-neutral programs that have achieved desired results but are not widely known. And despite some efforts to pull together some of this information, no central repository exists for systematically collecting, organizing and disseminating research, data and best practices for combating obesity and chronic disease. Also needed are ongoing public-private efforts to rigorously evaluate the costs and impacts of specific public health interventions. Given the scale of the challenges and current fiscal and political constraints, it will be critical to demonstrate that prevention-based approaches can yield tangible results.

***Information-sharing recommendation #1: CDC and HHS should continue robust efforts to collect and disseminate information on food, physical activity and health – including information on the social determinants of health and future costs – and Congress should continue to support these monitoring and information-gathering functions.***

***Information-sharing recommendation #2: Public- and private-sector organizations active in this field should partner to establish a national clearinghouse on health-related nutrition and physical activity initiatives. The clearinghouse should provide links to further resources, technical assistance, coordination and partnership opportunities, and up-to-date research findings.***

### Conclusion

While the statistics on obesity and chronic disease are truly alarming, numbers alone cannot convey the full human and social costs of the health crisis we confront today in America. The problem is clear and its impact on our future – both in terms of the health, productivity and well-being of the current generation and generations to come, and in terms of the prosperity, competitiveness and fiscal integrity of our nation as a whole – is hard to overstate. Turning the tide of this epidemic will require leadership, first and foremost. All sectors of society must be engaged and all must take responsibility – from individuals and families to communities, institutions and government. Together, our challenge will be to define and implement policies, strategies, incentives and actions that, by encouraging and supporting healthy behaviors, can begin to slow and even reverse the trajectory we are on. The complexity of the problem demands a diversity of solutions; what's required is not a new top-down program or a vast expenditure of public resources, but a multiplicity of smaller steps and changes, at all levels of society, that collectively translate to lasting, large-scale shifts over time. Results will rarely be quick, but progress must be steady. And as we strive to reduce obesity, improve health, and slow the runaway growth of health care costs in America, continued research and data collection will be critical to inform our efforts and make sure we are investing in those strategies we know will work.

In this report, BPC has focused on areas and opportunities for intervention that we believe hold particular promise, both because they can have a significant impact and because they can be implemented within existing frameworks and structures. The good news is that many powerful examples and inspiring programs are already underway. To achieve the goal of significantly reducing obesity and chronic disease in America within the next generation, we must build on what is already working, expand the reach of good programs, and greatly accelerate the pace of change. The problem is complex but we know at least some of the solutions. Now it is time to get to work.

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## Notes

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