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Building Healthy Communities: A Workshop Bringing Together Public Administrators, Policy Makers, and Concerned Citizens

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Building Healthy Communities

*A Workshop Bringing Together
Public Administrators,
Policy Makers, and
Concerned Citizens*

Howard H. Baker Jr. Center for Public Policy
April 30, 2010

Meeting Objectives:

REVIEW the science and exchange ideas

CREATE ideas for improving the health of our communities

DISCUSS these ideas with representative policy makers for advice

DEVELOP policy recommendations

CONTINUE this process at future meetings with expanding stakeholders

BEGIN civic engagement of interested participants with policy makers

This workshop was designed to focus on how environmental factors influence a communities' nutrition and physical activity habits. During the morning session, nationally renowned experts in the fields of nutrition, active transportation, public health, and urban planning delivered keynote presentations and held a panel discussion. In the afternoon, the audience members split into breakout sessions facilitated by the conference organizers, and solutions to the problems presented by the experts were sought and recorded. Finally, at the conclusion of the conference, a panel discussion of policy-makers (including both elected and appointed officials) provided a thoughtful reflection on the process of implementing change through influencing the legislative process and enacting policies.

Introduction

Obesity is one of the greatest public health problems facing the United States today. One in three children in this country is obese or overweight.[18] The prevalence of childhood obesity has tripled over a 30-year period.[17] In Knox County Tennessee, the prevalence of overweight or obese public school students increased from 38.3 percent in 2003 to 39.6 percent in 2008.[12] Only one generation ago, type II diabetes in children was rare, but today it is common.

Currently more than one-third of U.S. adults are obese.9 The prevalence of adult obesity increased rapidly from 1970-2000.[11,12] In 2008, two-thirds of Knox County adults were overweight or obese.[2] Obese individuals are at greater risk of asthma, diabetes, liver disease, orthopedic problems, and cardiovascular disease.

A person's risk of dying by age 50 is three-fold higher if obese, and even modest (10 to 20 pound) increases in body weight are associated with increased mortality rates.[6]

Approximately 10 percent of all medical costs are related to obesity. The rising cost of medical care is directly related to rising obesity rates. In 2008, obesity was responsible for direct medical expenditures of approximately $147 billion[7], and this number is expected to grow. Obese beneficiaries cost Medicare over $600 per year more than normal weight individuals. Obesity has indirect financial costs as well.   Work productivity is affected by the chronic illnesses related to obesity, such as sleep disorders and diabetes. Obesity causes greater rates of absenteeism, but up to 80% of loss in productivity may be in "presenteeism" wherein people show up for work but are unproductive compared to healthy workers. These costs of obesity to our society may even be higher than the direct medical costs.

Obesity results from an interaction between genes and the environment. When individuals who are predisposed to weight gain are placed into certain environments, they will tend to develop obesity.

Human genes have not changed that much over thousands of years, but an abundance of inexpensive, calorically dense foods/beverages and a physical environment that restricts opportunities for physical activity has led to the obesity epidemic.[14] Our current food supply contains many more calories than we need and the usual mechanisms governing satiety are overrun.

Children's eating and physical activity habits have changed over the past few decades. There has been a substantial increase in sugar-sweetened beverages, unhealthy snacks, and a high frequency of snacks and desserts.[19] Children are also consuming inadequate amounts of healthy foods. In 2009, only 17.1 percent of Knox County High School students reported eating five or more fruits and vegetables per day over the past week.[3] At the same time, children are becoming less active. The percentage of students walking or biking to school declined from 42% in 1969 to 13% in 2001.[16] In addition, the percentage of high school students attending daily physical education classes declined from 42% in 1991 to 33% in 2009.[7,15]   In Knox County, 58.5 percent of high school students reported inadequate or no physical activity in the past week.[3]

Prevention of weight gain is often difficult because many aspects of our society promote overeating. These include food and beverage advertising, easy

access to fast foods, an abundance of sweetened beverages, and large portion sizes. A number of practices or policies in place currently contribute to the high rate of obesity. High schools use soft drink revenues to fund their programs. Thus, school principles and other school administrators may perceive the sale of drinks as fiscally necessary. The presence of alternative unhealthy food choices is based on a similar logic, even though the school would receive more federal money if the approved lunch were consumed.

The growth of sedentary jobs and our use of automobiles rather than walking or cycling for transportation have caused a decline in caloric expenditure.[20] The way communities are built has a large impact on physical activity. A lack of street connectivity often precludes children and adults from walking and playing in adjacent subdivisions. Most areas lack safe biking and walking lanes along city streets and highways. Administratively,

there is often a sense of disconnectedness between branches of government and a lack of continuity when administrations change. The political process is often fragmented, and the general public has an incomplete or poor understanding of the local planning process. There is a lack of longitudinal civic engagement that precludes fruitful dialogue. There are legal processes and the rights of businesses and landowners need to be considered.

The general public may not recognize the need for environmental approaches to addressing the obesity epidemic, and may not be inclined to take advantage of changes when they are put in place. Thus, strong advocates are needed who will educate the public and push for implementing solutions to curb the obesity epidemic. The overall goal of this workshop was to better understand how we should encourage our communities to be healthier, in ways that will lower the rates of obesity and diabetes. The plan was to establish a dialogue between policy makers, public administrators, academic scholars, and concerned citizens. This was seen as an important step in the process of implementing policies that will impact the obesity epidemic.

Nutrition

OPTIMAL DEFAULTS IN THE FOOD ENVIRONMENT: WHY THE BEST DIET IS THE ONE YOU DON'T KNOW YOU ARE ON

Dr. Marlene Schwartz
Deputy Director, Rudd Center for Food Policy and Obesity, Yale University, New Haven, CT

SUMMARY: *Community, school, and home environments shape the eating attitudes and behaviors of people. We all tend to crave salty, sweet, and high-fat foods. In addition, marketing, widespread availability of inexpensive high-calorie foods and beverages, and societal attitudes about food can cause us to consume more calories than we need, leading to weight gain. Fortunately, there are a number of policies that can be enacted that will lead people to make healthier food choices.*

Various factors influence our eating, including both biological and environmental factors. On the biological side, human beings are genetically programmed to prefer certain types of foods. We are born with a preference for sweets, and we quickly develop a preference for salty and high fat foods. On the environmental side, in the current obesity-inducing environment, it is very easy to consume too much food. Thus, it is often said, "Genetics load the gun, and environment pulls the trigger".

How easy is it to self-regulate food intake? Studies show that laboratory rats, when given access to a wide array of salty, high fat, sweet, and calorically dense foods (i.e.- the "supermarket diet") become very obese. Many factors influence the amount of food and beverage we consume. For instance, children eat more food when served larger portions, even when hunger levels are the same. People also consume more food whenever it is easily accessible. There is mounting evidence that sugar sweetened beverages result in increased caloric consumption. Finally, having a wide variety of foods to choose from seems to increase caloric intake.

The food environment has changed dramatically in the past 30 years. Marketing of foods to children is increasingly prevalent, and advertising has an effect on them. Healthy foods cost more than unhealthy ones, and thus we see a link between poverty and obesity. Other foods have become less expensive over time as a percentage of household income, which has also led to an increase in caloric intake.

In order to combat obesity, we often try to educate, medicate, and implore the individual in the hopes that this will have an effect on driving down obesity rates. However, another option is to attempt to change the **"optimal defaults"** that will lead more individuals to make healthy food choices. One example of an optimal default is a pension plan at a company. If people are automatically enrolled in a pension plan, but have the option to "opt out" then nearly 100% of employees will enroll. However, if the employee must take the initiative to "opt in" to the pension plan, then only about 50% of employees will enroll.

So, how can we design policies that will create optimal defaults for children's eating? When a la carte options are removed entirely from elementary schools, children's consumption of unhealthy foods (ice cream, potato chips, cookies, etc.) at school decreases, and children do not compensate by eating more of these foods at home. When children are automatically served fruit, as opposed to just being offered fruit, then fruit consumption increases, and the percent of fruit that is wasted is unchanged.

School Wellness Policies were required in 2006. These allowed districts to set their own policy, and created enormous potential for change, but he impact of these wellness policies has been mixed.

One beneficial change has been that the serving of unhealthy, a la carte snacks in elementary, middle, and high schools has decreased.

In framing the debate, it is not a matter of "personal responsibility" versus "the nanny state". Default options already exist and it is a need to optimize these defaults. Policies are needed to create an environment that supports personal responsibility. These efforts include:

- National Governor's Association- leading a coordinated effort

- Food Policy Councils- can protect community and urban gardens by helping to change city zoning codes, create farm-to-school programs, and increase access and affordability to healthy foods

- Federal Food Programs – states can set higher standards for national school lunch program, national school breakfast program, summer food program, Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) and WIC (Women, Infants, and Children)

- Food marketing- create commercial-free schools

- Access and affordability- Support grocery stores in underserved neighborhoods, procure food locally, farmer's markets. Support them and make sure they accept WIC and SNAP.

GROUP RECOMMENDATIONS:

1. *Increase activities of the following:*
   a. Knoxville-Knox County Food Policy Council
   b. Community gardens-increase support and number
   c. Farmer's markets-more locations, public funding at federal, state, local level
   d. Coordinated School Health programs- add support by adding local funding to state funding
2. *New recommendations:*
   a. An agricultural policy that supports local Farms, consumers, and the economy
   b. Incentives for retailers and institutions to purchase from local growers
   c. Connect growers with consumers through food distributors, retail markets, and institutional purchasing programs
   d. Certify farmers markets to be vendors for WIC and SNAP
   e. Restrict unhealthy food alternatives such as vending machines and soft drinks from public schools, including high schools
   f. Provide incentives for healthy retail food stores to locate in underserved neighborhoods and near schools
   g. Institute a state food policy council
   h. Consider zoning ordinances to limit fast food near schools and to encourage community gardening

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Exercise & the Built Environment

PROMOTING SAFE WALKING & CYCLING FOR HEALTHIER CITIES

Dr. John Pucher
Bloustein School of Planning and Public Policy,
Rutgers University, New Brunswick NJ

SUMMARY: *In most U.S. cities and rural areas, transportation networks have been built around the automobile, with minimal consideration given to the needs of cyclists and walkers. This is one factor in American society that has contributed to the recent obesity epidemic. A growing body of research evidence from the fields of transportation engineering and public health suggest that the "active commuting" is the answer to improving public health. But it is crucial to design pedestrian/bike facilities and programs for everyone, and social marketing campaigns are needed to increase bicycling and walking.*

Cycling can start at a very young age, and can continue throughout life. However, a major challenge is making walking and cycling safe for everyone, especially for young children, older adults, and those who are more risk averse. Cycling and pedestrian fatality and injury rates are far higher in the US than in the Netherlands, Denmark, and Germany.

Public policies are crucial to increased cycling. Pro-car policies in Europe in the 1950s and 1960s caused a huge decline in cycling, but this has been turned around since the 1970s. Dedicated bike paths, on-street bike lanes, special traffic signals, bike crossings at intersections, and traffic calming in neighborhoods are some of the transportation engineering features that promote cycle commuting. These are now found in some U.S. cities (e.g. Portland, San Diego, Madison, Boulder, and Chattanooga). Implementing such features in other cities would increase the numbers of people choosing to walk or cycle.

Walking and bicycling are the most sustainable, environmentally friendly, equitable, and economical modes of transport for short trips. In addition, walking and cycling are healthy, and promote regular physical exercise. They help to prevent obesity, and they offer protection against chronic diseases such as strokes, heart attacks, and cancer. International data show that the use of walking and cycling for transportation is 3-4 times higher in many European countries than in the U.S., and these European countries have rates of obesity that are one-half to one-third those of Americans.

Examples of best practices that lead to more bicycle and pedestrian activity are:

- Departments of transportation should devote a greater share of their annual budget to the design, construction, and maintenance of bicycle and pedestrian paths.

- Buses should be equipped to carry bicycles, leading to more inter-modal transport.

- Worksites should offer storage for bicycles, and locker-room facilities

- Traffic education, with emphasis on how to avoid endangering pedestrians and cyclists, should be compulsory. Classes on safe cycling should be offered in schools.

- Social marketing campaigns should be used to promote cycling to different groups.

- Mixed-use zoning and better urban design could enhance pedestrian- and bike-friendliness.

In conclusion, walking and cycling have a broad range of public health benefits, which has the potential to create widespread political support for these transport modes. Almost everyone could walk and cycle on a daily basis, and thus reap the health benefits. Approximately 40% of local trips in American cities are short enough to be taken by walking or cycling, and people should be allowed to use these modes.

Healthy Communities by Design

Mark Fenton
Host of PBS series "America's Walking"
Scituate, MA

SUMMARY: *The obesity epidemic is rooted in the twin epidemics of physical inactivity and poor nutrition. Behavior change and education programs have not been able to slow these twin epidemics. The best behavior change principles must be combined with projects to build healthy community environments, and with policies to make these changes the rule rather than the exception. We now have evidence that the proper environment can elicit improvements in physical activity and healthy eating at the population level.*

America is in the midst of an obesity epidemic, and there is a looming crisis of chronic disease. The obesity epidemic has two root causes: physical inactivity and poor nutrition. How do we get Americans to become more active, and stay more active? The problem with most exercise programs is that they work initially but after one or two years people tend to revert to their former habits. In addition, knowledge of the health benefits of physical activity is not enough, as evidenced by the fact that leisure-time physical activity in the U.S. has remained fairly constant over the past two decades.

Clearly, we need approaches that promote physical activity for the entire population, not just "exercise" for the actively inclined. We need increases in routine, daily

physical activity for everyone. The same holds true for healthy eating. Active living and healthy eating should become the easier choices, so that they are actually safer, more convenient, less costly, and more fun than the alternative.

A growing body of research evidence establishes five broad factors as defining places where people are more active and eat more healthfully as part of daily life:

- A varied mix of land uses and having destinations in close proximity, promote the use of walking, biking, and public transit.

- A network of well-connected sidewalks, trails, bike lanes, and safe street crossings, as well as a comprehensive transit network, supports more physically active transportation.

- Destinations must be designed to be inviting to the active traveler, with buildings set near the sidewalk, providing easy access to pedestrians, cyclists, and transit riders, and functional attributes such as benches, street trees, awnings, and quality bicycle parking and transit stops.

- The general built and social environment must be safe and accessible to those of all ages, incomes, and abilities, including traffic calming and innovative designs to slow traffic to safe speeds.

- Healthy food choices, especially fresh fruits and vegetables and whole grain products, must be readily available and affordable to all members of the community.

These rules do not just hold for urban and suburban settings. There has been a gradual shift in population to the suburbs from 1950 to the present, as previously rural landscapes have been consumed by suburban sprawl. These are often fairly 'hostile' to physical activity and healthy eating. Thus, in rural areas we can start to affect the shape of development before it's even built, and groups like Tennessee Smart Growth are working on that. Efforts such as community gardens, conserving farmlands, and community supported agriculture (CSAs), and restriction the location and density of fast food establishments are important to designing communities so that all members have access to good nutrition.

Fortunately, the five design criteria above are not just good for public health but economic health as well. For example, good walk-ability raises housing values in U.S. cities. There is a need for "complete streets" that provide easy access for pedestrians, bikes, and transit, as well as cars. It takes leadership to create healthy communities, and successful communities are utilizing the three Ps. Programs are needed to educate and build awareness. Projects create environments conducive to physical activity and healthy eating. Policies are needed so that healthy community designs are the norm, and people are rewarded for making healthy choices.

GROUP RECOMMENDATIONS:

1. A complete street policy for both new development and re-development
2. Install and maintain sidewalks. Consider instituting a sidewalk fund, and consider imposing fees in lieu of sidewalk construction that are equal or greater than the cost of the sidewalk
3. Mandate connectivity of subdivision roadways at the time of construction
4. Change zoning regulations to allow developers to create higher-density developments (if attractive) with good design and public amenities such as bicycle/pedestrian accommodations, public plazas, and parks
5. Conduct multimodal transportation feasibility analysis. When a major development such as a residential subdivision or commercial center is planned, the developer is required to project traffic projections and analyze the project's impact on multiple modes of travel including cycling and walking
6. Enact state-level policies to mandate that transportation authorities accommodate pedestrians and bicyclists
7. Develop neighborhood traffic calming requirements through: (a) Enforcement with progressive fines for speeding, (b) Use money for sidewalks, cycling and pedestrian infrastructure
8. Corner stores with mixed-use overlay. A zoning allowance for small commercial uses within neighborhoods would allow people access to healthy foods without driving. This would support small-scale commercial business uses within neighborhoods but would require strict regulation

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Public Administration

WHY PUBLIC ADMINISTRATORS ARE PUBLIC HEALTH OFFICIALS

Dr. Paul C. Erwin (moderator)
University of Tennessee Center for Public Health
John Lamb
Blount County Planning Department
Mark Donaldson
Knoxville/Knox County Metropolitan Planning Commission
Dr. Bill Paul
Nashville/Davidson Health Department

SUMMARY: *This session described how public policy, particularly around planning and zoning, connects with public health. The panelists were asked to prepare responses to the following questions:*

1. *Are public administrators public health officials? Why and how?*
2. *Provide examples of existing policy barriers to healthy living.*
3. *Provide examples of policy changes that have taken place, which facilitate healthy living.*

The panel agreed that at least some public administrators are public health officials. They stated their hope that more public administrators should see themselves in this role; and their belief that policy formulation can be a powerful tool to make healthy living the easy choice (but only if such policies, once developed, are implemented and enforced).

John Lamb

I believe that public administrators are, indeed, public health officials. Let me explain this by giving some examples from the statutory language in Tennessee regarding the development of a community plan:

> "(to) … <u>best promote the health, safety, morals, order, convenience, prosperity and welfare</u> of the inhabitants, as well as efficiency and economy in the process of development …"
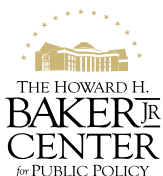
Now compare this to the statutory language on the purpose of zoning, applicable also to other land use and development regulations:

> "Such regulations shall be designed and enacted for the <u>purpose of promoting the health, safety, morals, convenience, order, prosperity and welfare</u> of the present and future inhabitants of the state and of its counties …"

Thus, it is clear that some public administrators, especially city planners and those concerned with land use and development regulation, share common goals with public health officials.

If healthy living is a matter of individual choice and behavior, why should those in the public realm get involved? If the case for health, safety or welfare is vague or weak and does not have wide public support, the arguments for individual freedom and rights often prevail. Unclear or discounted externalities related to planning, such as the separation of residential areas from other uses, become barriers to physical activity, and subsequently may negatively impact health.

Many cities and municipalities have recognized that public administrators do have an important role to play, and have taken steps to outline when public administrators should get involved. The Policies Plan, which was adopted by the Blount County Planning Commission in 1999 and updated in 2008,

includes a specific statement as one of five guiding principles:

> "The guiding policy in any government actions in relation to the use and development of land should be to limit regulations to specific public health, safety and welfare objectives balanced with responsible freedom in the use of land."

Let me give several examples of policy decisions in Blount County that support healthy living, including:

- Adoption of the Water Quality Plan, addressing health issues of clean water, safety issues of flood avoidance, and welfare issues of desirable environment related to waterways

- Amending subdivision regulations to limit major developments on roads considered substandard by being less than 18 feet of paved width with shoulders

- Adoption of a Green Infrastructure Plan which was based in part on consideration of public health and general welfare benefits of green and open space

- Environmental Health Action Team (EHAT) that published an Action Plan that included recommendations on addressing outdoor air quality, water quality, and land use, growth and development.

Mark Donaldson

I will focus on two specific examples of policies gone awry, which are topics of recent concern in Knox County:

- A local subdivision regulation requires street connectivity between subdivisions of land. This requirement is being continually waived, and eventually ignored, because the public and the development community...

... have constantly and consistently spoken against it. This results in an unhealthy development pattern that requires the use of arterial roads, usually without sidewalks or bike paths, to traverse from one subdivision to another adjacent subdivision, school, park, or shopping area - thereby requiring transport by vehicle and negating the opportunity for an active lifestyle.

- Our local residential zoning does not list "community garden" as a permitted land use, it requires a building permit to install a water meter, and it requires a principal building (a house) before an accessory building (a garden shed) can be built. Barriers like this in Knox County's zoning regulations and permitting policies and practices that make it virtually impossible for a neighborhood to legally convert an undeveloped, vacant lot (often overgrown and neglected) into a community garden.

These are just two examples of public policies that impact active living and healthy eating, as well as the livability of our community. The community garden idea could be fixed with an amendment to regulations and practices. The adjustment of the public preference for isolated, sprawling subdivisions will take awhile (although our flirtation with $4.00 per gallon gas had an immediate and measurable impact on some local development trends, including a reduction in sprawling, large lot subdivisions in favor or more urban, higher density, condominium development).

Public decisions frequently impact health, and thus policy and environmental strategies are effective ways to improve health. For instance, the majority of deaths in the U.S. are attributable to tobacco use, poor diet, and lack of exercise. We need to recognize that both context and environment shape behavior. Of course, personal responsibility is a key to public health. But public administrators still put stripes on roads and build guardrails. These are examples of how environmental supports, put in place by public administration officials, help to preserve the public health.

There are four main areas that impact healthy living:

- **Media environment:** what we as a society are exposed to on a daily basis regarding diet and the food culture, and how advertising impacts health

- **Built environment:** bridging to themes raised earlier by Lamb and Donaldson on how the built environment imposes unhealthy living

- **Social environment:** the larger context within which households attain health or not

- **Accessibility of healthy and unhealthy items:** how much more accessible unhealthy items are than healthy ones, making the healthy choice the difficult, not the easy, choice

As a final example, I can point to the Metro/Davidson County's Board of Health initiative to use policy as a tool for improving health through establishing requirements for menu labeling by restaurants. This is one small but important step in giving consumers the information they need to be able to make healthy food choices.

GROUP RECOMMENDATIONS:
1. *Partnerships*
   a. The food bank has 400 participants including schools, churches, and nonprofits in 18 East Tennessee counties.
   b. The Partnership for Healthy Living in Hamilton County is a network of 50-60 participants.
   c. The Every Child Outdoors (ECO) coalition is composed of 100 agencies in middle Tennessee.
   d. The East Tennessee Wellness Round Table is composed of members such as the Knox County Health Department and 100 businesses.
   e. The Tennessee Obesity Task Force networks communities statewide.
   f. Other participants include Knoxville City government and Safe Routes to Schools, another coalition.
2. *Issues to Address:*
   a. Statutes may go in different directions in different jurisdictions creating a "silo effect.
   b. Funding struggles
   c. Turf battles, egos, and personalities
   d. Lack of clarity of ownership of effort such as planning, programs, and projects.
   e. Lack of communication of top leadership or divisions
   f. Division of city and county government
   g. Sustainability of leadership during transitions.
   h. Limited time availability of participants, both paid and volunteer
   i. Difficulty of developing a sense of urgency for long-range (e.g., 20-year) plans
   j. Separating politics from the public good
3. *Recommendations:*
   a. Recognize and support success.
   b. Mandate participation and cooperation
   c. Elect (or develop) strong leaders
   d. Clear, honest communication
   e. Achieve goals that are clear and focused
   f. Build and sustain enthusiasm

Policy Makers Panel

The following session with policy makers was intended to provide feedback and guidance on how to move forward:

Vice Mayor Bob Becker
Knox County Commissioner Finbarr Saunders
former Commissioner Joe Hultquist
State Senator Doug Overbey

ISSUES:

a. For many meetings, only one side shows up (i.e. - contractors come to city council to request variances)

b. There is a lot of background work that needs to be done with ideas- does the science clearly support one side or is it less clear?

c. Much of the public is not motivated. This differs from the activists who are interested in change.

d. Many in the public resent government interference in their lives

e. The people on both sides of an issue have legal rights that must be considered. For example, closing the driveway cuts on a sidewalk alongside a road impacts the business owners.

f. Problems with public meetings- People show up for one meeting and expect their suggestions to be implemented

g. Intolerance of opposing views and no real progress made

h. Lack of understanding of the political process; a relationship needs to be a continual contribution in order for it to be effective

i. Need for good clear facts before going forward; there have been episodes of scientific facts that turned out to be not facts

j. These human behavior aspects and the political process are frequently the most important reasons for lack of change

k. The speed of incremental change is slow— Europe has been working on promoting cycling/walking for 30 years.

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Conclusions & Future Plans

Obesity is a complex disorder requiring multiple approaches-medical, social, and political. An important principle to combat obesity is to not only provide healthy food and transportation alternatives, but to make them desirable. Personal responsibility must be augmented with policies that create "healthier defaults". Such policies include improving school nutrition, menu labeling, and an exercise-friendly built environment.[21,22] There is a careful balance to be maintained between regulation and mandates and individual freedoms. Yet the indirect costs of unhealthy lifestyles and eating affect all taxpayers. Facilities that promote walking and cycling as transportation alternatives provide an opportunity for a higher level of health even independent of weight.

Policy recommendations must be thoughtfully formulated. Advocates must become involved in a constructive way with policy makers. At times the process is frustrating and slow for a variety of reasons. Our society is diverse in many ways, including individual viewpoints on personal responsibility, personal freedoms, and the proper reach and scope of government. Advocates for policy solutions to combat the obesity epidemic must be aware of differences in opinions and the realities of the political process.

In deciding what policy solutions would be effective in curbing the obesity epidemic in East Tennessee, the planning committee examined the proposed solutions proposed at the "Building Healthy Communities" workshop. The committee consulted the Guide to Community Preventive Services: What Works to Promote Health, written by the Task Force on Community Preventive Services (2005).

The committee also reviewed the "East Tennessee Two-Step" document, published in 2005. That document was aimed at achieving healthy weight in East Tennessee in response to a call by the Knox County Health Department

and the East Tennessee Regional Health office to declare overweight and obesity the number one health problem facing our communities. For that report, a scholarly panel first reviewed a large body of literature on what approaches have been shown to work, and presented that to the East Tennessee Two-Step executive committee. Input from community members was also sought in the process. The final document contained recommendations for schools, worksites, healthcare systems, and communities.

All of these efforts were undertaken with the intent of providing decision makers in our communities with guidance to obtain resources, implement programs, and influence policies to promote the public health.

Efforts to assist Knoxville and East Tennessee in building healthier communities will continue. Members of the planning committee and other interested parties will engage policy makers to explain the proposals, and move toward implementing them through a constructive, long term process. The workshop summary and recommendations will also be presented at a larger spring 2011 meeting sponsored by East Tennessee Quality Growth. A public informational meeting will be held at the Baker Center. Our associates at Yale, Rutgers, and author Mark Fenton welcome a continued interaction with the Baker Center and this effort.

Obesity is a difficult societal problem requiring the collaboration of a wide range of academic and community participants to make a difference. The proof of measures intended to reduce obesity lies in a reduction of obesity after their implementation. In conjunction with the Department of Preventive Medicine at the University of Tennessee Health Science Center, additional meetings with physicians and researchers highlighting research in obesity and diabetes will be held at the Baker Center.

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Appendix A:

From the *Guide to Community Preventive Services: What Works to Promote Health*

The following approaches to increasing physical activity at the community level were found to have strong or moderate evidence of effectiveness, and are thus recommended.

Behavioral And Social Approaches

•	Community Wide Campaigns. Community-wide campaigns involve many community sectors in highly visible, broad-based, multi-component approaches to increasing physical activity. In addition to considering sedentary behavior, most campaigns also address other cardiovascular disease risk factors, particularly diet and smoking.

•	School-based PE. These programs modify school-based PE classes by increasing the amount of time students spend in PE class, the amount of time they are active during PE classes, or the amount of moderate or vigorous physical activity (MVPA) they engage in during PE classes.

•	Individually adapted Health Behavior Change Programs. These are tailored to participants' specific interests, preferences, and readiness to change, teaching specific behavioral skills that enable participants to make moderate-intensity physical activity part of their daily routine.

•	Social Support Interventions in Community Settings. These interventions build, strengthen, and maintain social networks that support increase in physical activity. New social networks can be created or existing networks in social settings outside the family, such as the workplace, can be used. Typically, participants set up a buddy system and make contracts to guarantee that both buddies will be active, or they form walking groups or other groups to provide companionship and support while being physically active.

Environmental And Policy Approaches To Increasing Physical Activity

•	Creation of, or enhanced, access to places for physical activity combined with informational outreach approaches. These multi-component interventions involve the efforts of businesses, coalitions, agencies, and communities to create or provide access to places where people can be physically active. Creating walking trails or providing access to fitness equipment in nearby fitness or community centers can increase the opportunities for people to be more active.

•	Point of Decision Prompts. These are signs placed by elevators and escalators to motivate people to use nearby stairs for health benefits or weight loss. The signs appear to motivate both people who want to be more active and those interested in the general health benefits of using the stairs.

Appendix B:

Taken from *East Tennessee Two-Step Healthy Weight Recommendations for the Community Setting*

Recommendation #1: Provide easy-to-access places for physical activity combined with awareness activities

•	Partnerships. Convene local government, planners, land and real estate developers, public health officials and other related organizations to review and develop planning and development practices that promote physical activity

•	Pedestrian and bicycle friendly land use patterns. Including grid street layout (through streets), compact development, mixed retail/business and residential use, and buildings oriented to the street, as well as bicycle and pedestrian facilities as part of all road projects, and work on "retrofitting" existing streets for bike and pedestrian use

•	Community-wide awareness events. Use existing events like "Walk our Children to School Day" and "Smart Trips week to raise awareness and build support for policy and environmental changes to promote physical activity.

•	Point of decision prompts. Use signs to promote the use of stairs, and ensure that stairways are easy to find, inviting, clean and brightly lit.

Recommendation #2: Provide access to foods that promote healthy eating

•	Organizational policies: implement policies that make more healthful foods and beverages available at work, church, and school functions.

•	Public policies. Provide options such as water drinking fountains and bottled water, low fat milk, 100 percent juice, and low-fat, low-calorie, nutrient-dense foods in vending machines in all public parks and buildings.

•	Retail practices. Work with restaurant and retail food businesses to encourage availability of affordable low-fat, low-calorie, nutrient-dense foods as well as appropriate portions sizes of foods and beverages.

•	Food advertising. Regulate food advertising to restrict advertising of high sugar snacks and beverages in schools and public places.

•	Point of decision prompts. Use signs to encourage healthier food selections in retail, restaurants, and vending.

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