

**Office of Disease Prevention and Health Promotion**  
**Healthy People 2020: Who's Leading the Leading Health Indicators?**  
**Nutrition, Physical Activity & Obesity Webinar, March 21, 2013, 12:00 p.m. ET**

**MODERATOR:** I would now like to introduce Dr. Don Wright, Deputy Assistant Secretary for Disease Prevention and Health Promotion at the U.S. Department of Health and Human Services. Dr. Wright, please begin.

**DON WRIGHT:** Thank you, moderator. Well, good afternoon and thank you for joining the March *Who's Leading the Leading Health Indicators?* Webinar. Over the next 45 minutes, we will explore the LHI topic of Nutrition, Physical Activity and Obesity. First, let me give you a brief overview of Healthy People and the Leading Health Indicators. For four decades, Healthy People has provided a comprehensive set of national ten-year objectives that has served as a framework for public health activities at all levels and across the public health community. Healthy People is about understanding where we are now, and taking informed action to get where we want to go over a ten-year period of time.

The Leading Health Indicators, a subset of Healthy People measures, monitor important issues ranging from medical insurance coverage to on-time high school graduation rates. Addressing the Leading Health Indicators will help reduce some of the causes of preventable deaths and major illnesses. The Leading Health Indicators are organized under twelve topics, allowing us to focus on a specific LHI topic each month and to continue to revisit these throughout the decade while taking into account emerging public health issues.

In 2012 we initiated our *Who's Leading the Leading Health Indicators?* series to communicate these high priority health issues. The *Who's Leading the Leading Health Indicators?* series brings attention to important issues related to the health of our nation. Over the year, we focus on critical public health issues, ranging from clinical preventive services to social determinants of health. The series provides an overview of the monthly LHI topic, noting the most recent data and trends and showcasing states, communities, or organizations that are addressing the LHIs in innovative ways.

We conduct *Who's Leading the Leading Health Indicators?* webinars every other month. LHI topics that are covered this year during a webinar will be covered in the 2014 series. Each month, we release our *Who's Leading the Leading Health Indicators?* monthly bulletin. You can subscribe to these monthly bulletins by visiting [healthypeople.gov](http://healthypeople.gov).

This month, we're focusing on the critical issue of Nutrition, Physical Activity, and Obesity. During today's webinar you'll hear from some distinguished speakers. First of all, Dr. Howard Koh, HHS Assistant Secretary for Health will give you an overview of this month's LHI topic Nutrition, Physical Activity, and Obesity and present the latest data related to the topic.

Next we'll hear from Dr. Dean Sidelinger and Cheryl Moder, who will discuss the success of a community-wide partnership in reducing childhood obesity through community outreach, advocacy, education, policy development, and environmental change.

During our round table we're pleased to have Dr. Joan Dorn, Branch Chief of the Physical Activity and Health branch in CDC's Division of Nutrition, Physical Activity, and Obesity. Dr. Dorn will

help address questions related to the obesity epidemic and barriers to healthy eating and engaging in physical activity.

**HOWARD KOH:** Thank you very much, Dr. Wright. Thank you for your leadership, and welcome everybody who's on this webinar. It's always a joy to join you for these very informative sessions and to stimulate national dialogue on key health objectives. It's really appropriate that we're having this webinar this week which is the third anniversary of the Affordable Care Act. So, we have so much about health care and public health to discuss this week and beyond.

The next slide summarizes the Leading Health Indicators for nutrition, physical activity, and obesity that we're going to be discussing today. And there are four of them. First, adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity. I'll be defining these in just a second. Second, adults who are obese, that is, have a body mass index of thirty or above. Third, children and adolescents who are considered obese. And fourth, total vegetable intake for persons aged two years and older. The fact that we have this array of four reflects that we have off multifaceted approach to understanding obesity and trying to address it moving forward.

The next slide summarizes the status of these four indicators very, very succinctly. So, if you look at the top left, you'll see a bar graph showing that the prevalence of adult obesity in 2009-2010 was about 36 percent. We want that number to go down by 2020. On the top right you see that the prevalence of obesity children and adults is about 17 percent. This number, like the adult number, has risen over the last several decades and we want that number to go down.

To the right, you'll see the Healthy People 2020 target there. Then, on line below you'll see that in 2009 only about a quarter of adults consumed fruits and vegetables five or more times a day. Fruit and vegetable consumption is very important for weight management. It's summarized in the Dietary Guidelines for Americans that is updated every five years. Then, the last factoid you see here is that, in 2010, only about half of adults got the recommended amount of physical activity, which is 150 minutes of activity a week. Down at the bottom here you see two very important links to websites, because both the Physical Activity Guidelines and the U.S. Dietary Guidelines are put forward by our Department of Health and Human Services, particularly our Office of Disease Prevention and Health Promotion, led by Dr. Wright and Carter Blakey. The Dietary Guidelines, of course, are also co-sponsored by the U.S. Department of Agriculture.

The next slide shows health outcomes and costs for obesity and these should be well known to all of you. We know that obesity drives rates of coronary heart disease, stroke, high blood pressure, type 2 diabetes, and certain forms of cancer. It has a devastating impact on costs, both direct costs, estimated to be some 147 billion dollars a year, and indirect costs with respect to lost income from decreased productivity, absenteeism, days lost from work, and other key dimensions.

The next slide shows some more data on obesity trends among children and adolescents. You can see, from 1988 on, obesity rates rose for about a decade and, since then, have plateaued. In the inset you may see some more detail about these trends. So, the rise over the last decade or so has not been statistically significant and it could be that we are starting to see the impact of some initiatives such as... we're going to be hearing from San Diego in just a second.

In fact, the Robert Wood Johnson Foundation just put out a recent report saying that in places like New York, Philadelphia, and Mississippi, as well as California, there have been some recent declines in

childhood obesity rates and that's what we're emphasizing today and want to see such model programs replicated for the future.

Let's go on to the next slide. This next slide shows in more detail those obesity trends among kids and adults by specific age groups--2 to 5 in light blue, 6 to 11 in red, and 12 to 19 in purple. Again, you see a rate of rise from 1988 up to about 2000 and then it leveled off in the last decade or so.

The next slide shows adults who met the guidelines for aerobic physical activity--I've already mentioned that was light or moderate physical activity for at least 150 minutes a week and for most muscle strengthening activity - that recommendation is for adults to engage in such activity at least twice a week.

You have some array of information on this slide. First of all, about 21 percent of adults have met these guidelines in 2011. So that is good news, in that it has met some of the targets that we have put out for our country. Of course, you see differences, though, by gender, by race, and by age in great detail here. We continue to be concerned about these trends for adults and kids. We are particularly concerned that for kids--only 4 percent of elementary schools, 8 percent of middle schools and 2 percent of high schools offered daily physical education. So that's something that we need to address head-on. In fact, we stated that kids today are the most sedentary generation in America's history and that's what's driving these trends that we're seeing here.

The last slide I'm going to share with you before I turn it over to our colleagues in San Diego is a map showing states with policies to incentivize food retail outlets to provide foods encouraged by the Dietary Guidelines as of 2009. At that point, we've only had 8 states and the District of Columbia that have policies in place that incentivize food retail outlets. We want to get that number up to about 18 states by 2020--that's the Healthy People target. We do have some initiatives already ongoing to encourage the establishment of supermarkets in underserved areas and loan financing programs for small business development and other strategies that are broad policy and environmental change strategies to address this epidemic head-on.

**DEAN SIDELINGER:** I'm Dean Sidelinger, the Child Health Medical Officer for the County of San Diego and I'm pleased to be joined today by Cheryl Moder, Senior Director for Collective Impact and the Director of the San Diego County Childhood Obesity Initiative at CHIPs or the Community Health Improvement Partners. Many of you either don't know much about San Diego County or may think of us as only the beach, the Zoo, and Shamu but we are so much more. Located in the southwestern corner of California, highlighted in red on this slide, you can see that we are a large county. Geographically, we are similar in size to the state of Connecticut. We have 18 cities throughout the county, including San Diego, the largest. We're separated from other counties in California by a large military base, the desert, and mountains. We share a long border with Mexico, including one of the world's busiest international border crossings. The population of the county is racially and ethnically diverse and is spread across urban, suburban, and rural areas.

Similar to the rest the United States, childhood obesity in San Diego is epidemic. The graph in the upper left of this slide shows that in the 2004-2005 school year about one-third of middle school students in San Diego County were overweight or obese. Prompted by this information, Supervisor Ron Roberts recognized childhood obesity as a priority in 2002 and, in 2004, partnered with Supervisor Pam Slater Price to create the Childhood Obesity Master Plan.

In 2006, the Call to Action was published and the San Diego County Childhood Obesity Initiative was begun. From the start, the Childhood Obesity Initiative was designed with system and environmental change in mind, designed to have a collective impact across the County. Cheryl Moder, the Director of the San Diego County Childhood Obesity Initiative, will describe the structure in more detail and highlight one of the Initiative's successful programs. Cheryl...

**CHERYL MODER:** Thank you, Dr. Sidelinger. The Childhood Obesity Initiative, or the COI, as we call it, was established in February 2006 when, as Dr. Sidelinger described, the County Health and Human Services Agency, our public health department, came forward with funding to implement the Action Plan through creation of a public-private partnership. Subsequently, we received core funding and support from private funders, including Kaiser Permanente and the California Endowment.

The COI's mission reflects our focus on obesity prevention through policy systems and environmental change. Our efforts reflect the shift in public health over the last decade or so from focusing on downstream solutions and individual behavior change to more upstream solutions, including the impacts of policy and environment on health, as well as the root causes of chronic disease and the social determinants of health. The COI's goals include increasing access to helpful foods and beverages, increasing opportunities for safe physical activity, enhancing other environments, including, for example, health care and business, and promoting the excellence of our public-private partnership.

The purpose of the COI is to provide leadership and vision, to coordinate County-wide obesity prevention efforts and to create, support, and mobilize these very important partnerships. Strategies identified in the Action Plan are implemented by our partners in each of the domains you see listed here. Our Leadership Council, comprised of key stakeholders, guides and directs our efforts, and Community Health Improvement Partners, or CHIPs, a San Diego nonprofit organization, serves as the neutral convener or backbone organization to support the partnership and facilitate collective impact.

The Youth Engagement and Action for Health program, otherwise known as YEAH, is facilitated by CHIPs COI staff. YEAH trains adult leaders of youth groups to engage local youth in creating healthier communities and neighborhoods. Training materials outline the step-by-step process for middle and high school-age to learn about how their environments impact health and how they can advocate for change. Youth are trained to conduct community assessments, to examine the food and physical activity environments in their neighborhoods. Tools included in the training curriculum include assessments of schools, parks, fast-food establishments, outdoor advertising, and grocery stores.

Once the assessments are completed, youth analyze the results and select a community improvement project based on their findings. They identify decision-makers, develop a plan of action, and carry out advocacy activities to move their project forward. COI staff provide support to these groups, including technical assistance for advocacy activities.

YEAH has been implemented in multiple settings, including schools and after-school programs, churches, community centers, nonprofit organizations, and affordable housing programs, among others. Adult group leaders play an important role in program implementation. Leaders have included teachers, staff of youth organizations, such as boys' and girls' clubs, faith leaders, seniors, and staff of community centers, community development organizations, and, in some cases, programs that work with at-risk youth. Decision-makers who are the target of the youth advocacy efforts can include city council members, other city staff, such as planners or traffic engineers, school principals or food service directors, or local business owners.

The following slides show preliminary results of an evaluation study funded by the Robert Wood Johnson Foundation's Active Living Research Program. Examples of the YEAH project results include healthier school food and beverage options, crosswalks in lighting to improve neighborhood walkability, park improvements, and increased opportunity for physical activity in under-resourced neighborhoods. At one middle school, students successfully advocated for improved school food and availability of fresh drinking water. If you could hit the slide again... Thank you.

As you can see in this photo, there was only one drinking fountain on the campus for the entire sixth grade of this one middle school. This was especially problematic after recess and PE. The kids were lined up for a drink and either were late to class or had to rush off and not get water after their physical activity. Through their advocacy with the principal and food services director, these students were able to get additional water stations installed for the sixth grade at this school. If you hit the slide again...thank you.

In an urban community, a group of Muslim girls and mothers needed physical activity opportunities that would allow them to maintain their modesty. If you click one more time, you'll see a photo of these young women. Through their advocacy, the local YMCA in this community created a special swim program that is closed to the general public. This very successful project was highlighted in the local media and brought more awareness to the lack of physical activity opportunities in certain neighborhoods. The research team recruited 21 groups to participate in the evaluation study. Youth completed written pre- and post- surveys and reported statistically significant changes in measures of self-advocacy, including confidence that they can make a difference. Health advocacy activity, knowledge about available resources, and assertiveness and leadership.

In one-on-one interviews, researchers found that all decision-makers would like to continue working with youth advocates and they also pointed out that youth advocacy has positive benefits and that youth have a great influence on the decision-making process. Keys to successful youth advocacy projects that we found include adults and youth who are dedicated to creating healthier communities, and adequate time to convene the group through the entire process to achieve tangible outcomes. It's important to recognize that some community improvement projects require a more difficult and lengthy process than others.

We found that stipends to support adult group leaders and to cover some program costs can improve outcomes and that technical assistance and support for advocacy are crucial to success. Future plans to enhance the YEAH program include some improvements based on our evaluation findings, including updating and modifying our training curriculum, which is currently in process. We plan to work toward institutionalizing the YEAH program into existing settings, such as high school healthcare pipeline programs and youth organizations that provide after-school programs. We also plan to expand settings for program implementation, including working with tribal communities. I'll now pass it back to Dr. Sidelinger to wrap things up.

**DEAN SIDELINGER:** Thank you, Cheryl. The YEAH program is one example of a successful program. It shows a focus on youth engagement and while that direct service to youth was an important part of the program, it was done with the goal of environmental change, continuing with the Childhood Obesity Initiative, the main goal. The program is implemented by CHIPs, the Childhood Obesity Initiative convener, rather than by one of the partners, which is the usual case for COI projects, but the partners who come together will implement the program. The Childhood Obesity Initiative relies on these partners for

its success. Partners come together under a different domain, from health care to business, government to the media, early childhood to schools and across the community.

While it can be difficult to make a direct connection between a particular project and improved health outcomes, the YEAH project and the larger Childhood Obesity Initiative in San Diego are one of the reasons we feel we've seen a 3.7 percent decrease in childhood overweight and obesity from 2005 to 2010. This is the largest decrease among southern California counties.

### **Q&A Panel Discussion**

**DON WRIGHT:** Dr. Koh, do you have any information on adults with healthy weight and what the disparities are for this group?

**HOWARD KOH:** Yes, I do and I think we have a slide on that. Oh boy, there it is. We, of course, are concerned about these trends for adults and also concerned about disparities. This slide summarizes that beautifully. We are short of the healthy weight goal overall, although we see that women have better outcomes with respect to healthy weight than man. We see the same disparities with respect to race/ethnicity that I showed you in previous slides. Then, you also see a difference by family income. I now that the themes of disparities run through this topic over and over again. So that's why it's key to show slides like this. There's a summary figure that I can present to you by breaking it down by subgroup, by gender, by race/ethnicity, and by family income. It's very important.

**DON WRIGHT:** Thank you, Dr. Koh. The next question is for you, Dr. Sidelinger. What do you think are some of the key actions that were responsible for the decrease in childhood obesity? And a follow-up—what do you recommend to other communities that are considering a similar approach?

**DEAN SIDELINGER:** Well, I think the increased attention, both nationally and particularly locally, on the issue of childhood obesity helped contribute to that. We've seen changes in our schools, including changes in the amount of physical activity, as well as changes in our community with increased access to healthy local food. For other communities considering a similar approach, I think it's important to really invest some time up-front to establish some common goals where people can come together and work across diverse sectors. In addition, moving forward, providing some support, as the partners are mostly volunteering their time, is important, so the project will move forward and that the volunteers and the partners can see some short-term wins toward the long-term goal of decreasing childhood obesity.

**DON WRIGHT:** Thank you, Dr. Sidelinger. The next question is for you, Dr. Dorn. As Dr. Koh mentioned, regular physical activity is one of the most important things that we can do for our health and yet today's kids are more sedentary than ever before. While it's encouraging that 2011 data shows the rates of adults meeting the physical activity guidelines has increased, there's still significant room for improvement among adults, as well. What are some of the key strategies we can implement to help Americans become more physically active?

**JOAN DORN:** First of all, thank you so much for inviting me to be part of this important webinar and congratulations to Dr. Sidelinger and Ms. Moder for the wonderful presentation and the great work that you're doing.

That's a great question, Dr. Wright. Physical activity is one of the most important things we can do for health. In addition to helping with obesity prevention and weight maintenance, physical activity has

numerous health benefits at every weight and even without weight loss. There's evidence that for all these diseases that Dr. Koh pointed to in terms of obesity that physically active adults have lower risk of all of those compared to those who are inactive. Among our kids, there's strong evidence for improved cardio-respiratory and muscular fitness, bone health, cardiovascular risk factors, and body composition with regular physical activity.

On March 8 of this year, HHS and the President's Council released the Physical Activity Guidelines for Americans Midcourse Report describing strategies to increase physical activity among youth. While the outcomes for this Report were not obesity and directly linked to physical activity, the Report highlighted evidence-based practices, emerging evidence, and opportunities for research within five key settings where our kids live, learn, and play-- the school, preschool and child care centers, the community, the family and home and primary care. The entire report and additional resources are available online. You can see that the Web site—very small on the screen—is <http://health.gov/paguidelines/>.

The infographic that you're looking at reminds us that kids need 60 minutes or more of physical activity daily. It illustrates the five settings and it highlights the opportunity for physical activity throughout the day. It can be downloaded and posted on Web sites, Facebook, or Twitter pages to help communicate the message.

There were a number of key strategies highlighted in the Report and I'll just touch on a couple for today's audience. Within the school, there was strong evidence from multi-school components and physical education, an active transport to school, which includes walking and biking to and from school. Activity breaks, school physical environment, and after-school interventions had less evidence, but were emerging as opportunities for physical activity throughout the day. Multi-component interventions incorporated many of these various subgroups, including PE, activity breaks, and after-school interventions. Key findings from the preschool and child care setting included providing portable play equipment on playgrounds and other play spaces, training staff to deliver structured physical activity for kids, increasing time allotted for play, and, quite simply, increasing time kid spend outside. Within the community setting, the built environment also showed promise and included strategies that increased the number of walkable and bikeable destinations and safety measures, such as traffic calming devices.

Many of these strategies that you see in the infographic I described by setting, but it's important to remember that the infographic shows us that, to make sure our youth get enough PE, we need a multi-component approach, just like the one we just heard about from San Diego that increases opportunity for activity throughout each and every day.

I also want to take just one moment to highlight the finding in our program that's consistent with the research in the Midcourse Report and that's the First Lady Michelle Obama's Let's Move--Active Schools Initiative, which aims to do just that. Let's Move--Active Schools is a comprehensive program that empowers school champions, such as PE teachers, classroom teachers, principals, administrators, and parents, to create active environments that enable all students to get moving and reach their full potential. Active Schools incorporates physical activity opportunities before, during, and after school. It combines the effective parts of existing programs and draws on new resources to provide customized support for each participating school. You can get more information about this great initiative at <http://www.letsmoveschools.org>.

**DON WRIGHT:** We have a number of questions here for a large number of the panelists and I want to move on. Ms. Moder, one of our participants has asked: Are the YEAH materials and

resources online and available for others that would like to access them?

**CHERYL MODER:** As I mentioned in my presentation, we're currently modifying the training curriculum for the YEAH program. They will be available at some future point in time, hopefully not too far from now. If someone would be interested in obtaining these materials, they can certainly email me and I'll share that with our program manager and we'll be in touch once the curriculum has been modified.

[Missing Audio – Don's Question to Koh]

**HOWARD KOH:** Yes, I do. Is there maybe one more slide that we can share on that one? Or not?... Well, tell you what... The good news is that the Healthy People database is so rich that we can break this down by year, show trends over time and then show breakdowns by race/ethnicity and also income level, as I've shown you for some of these other slides, so... Here's one that I can share with you right now, which is more detailed information about obesity among adolescents, for males on the left here and for females on the right. Basically, the take-away message is that for Mexican-American boys, you see the highest rates of obesity and then also similarly for black non-Hispanic girls. And so, again, this is a disparities issue for multiple, complex reasons and if we can make a difference here, we can hopefully reduce these disparities and can make a huge contribution for public health for the whole country.

**DON WRIGHT:** Thank you, Dr. Koh. Next, we have another question for our panelists from San Diego, either one. Can you give other examples of what the Childhood Obesity Initiative is doing to combat obesity in San Diego?

**CHERYL MODER:** Sure, I would be happy to do that. As I mentioned earlier, we work in seven key sectors, what we call domains. We have a lot of activity going on and hundreds of partners working to implement the strategies outlined in our Action Plan. Some of the key programs we have here in San Diego include a very robust farm to institution set of activities including a farm-to-school task force, and a farm-to-preschool committee. We're working to improve healthy food in the health-care setting through our nutrition and healthcare leadership team in partnership with Health Care Without Harm. We've developed a County-wide healthy messaging campaign that is based on the 5-2-1-0 messaging program that was established by the folks in Maine, Portland, Maine in the Let's Go program.

We are very excited about a new opportunity that we have to take our model of collective impact and collaboration and make it place-based in a smaller community. We've received funding from Kaiser Permanente to implement the Heal Zone program in the community of Lemon Grove, which is a city of 26,000. We're very excited about that. We've worked with the County's immunization registry to incorporate BMI measurement, to create a more robust surveillance mechanism for BMI. That work is in progress and also has been supported by funding from CPPW, or the Communities Putting Prevention to Work program.

**DON WRIGHT:** Thanks, Cheryl. It looks like the next question is for you, as well. Someone in the audience is interested in evaluation. What are you doing to build on your current evaluation of the YEAH program?

**CHERYL MODER:** Well, we're still waiting for the full set of findings and we're excited and looking forward to the final results of that. We plan to, as I mentioned earlier, modify our training curriculum based on some of the feedback. We also hope to enhance our advocacy activities based on what we

know has worked in certain settings. From the results of the study findings that we've seen, we will probably focus on youth leadership skills and feelings of self-efficacy and also in some of our outreach efforts. We also plan to, as I mentioned, institutionalize the YEAH program and make it a regular part of high school and after-school programs, for example. We're also looking at the possibility of having groups that are interested in facilitating the YEAH groups apply through an RFP process in order to obtain additional funding on a way to improve program outcomes.

**DON WRIGHT:** Thank you, Cheryl. Dr. Sidelinger, the next question is for you. You mentioned County-wide collective impact. What exactly did you mean by that?

**DEAN SIDELINGER:** I think, for us in San Diego County, it was recognizing childhood obesity as a problem and setting up some specific goals across various sectors with various partners to work on changing the environment, changing policy to make it easier for kids to have nutritious meals to have physical activity, and to promote nutrition and physical activity in everyday life. So, it's really important that we work with our partners across these different sectors toward a common goal. By doing that, we think we're going to have a bigger impact than having individual organizations work towards a particular goal that might be complementary to another group when they could have greater impact together. The Childhood Obesity Initiative brings them together.

**DON WRIGHT:** Thank you very much. Another question for you, Dr. Sidelinger. One of our participants has asked: Do you have any information about the park prescriptions program?

**DEAN SIDELINGER:** Certainly. That was a program that was implemented in a part of our County by a physician who was participating in the Childhood Obesity Initiative. He partnered with a local parks and recreation organization to prescribe physical activity for the patient seen in clinic. Give them a prescription with specific places and types of activities they could do in their community. So, prescribing physical activity in a way that was accessible to the child and their family in an effort to try to improve physical activity in a community that traditionally didn't utilize the resources there.

**DON WRIGHT:** Great. Our next question is for you, Dr. Dorn. It involves the nutritional aspect of this question. How can we increase vegetable and fruit consumption among young children, as well increase their physical activity to help prevent obesity later in life?

**JOAN DORN:** Around 27 percent of our two- to five-year-olds are already overweight or obese, so obesity prevention efforts really need to target our youngest kids. One of the best places to reach young children directly to influence them positively would be in the early child care education centers or preschool. Preschools serve more than 12 million of our children under six in the U.S., so it's a great place to begin to set healthy lifestyle behaviors. There are a number of opportunities; probably the most successful are those that increase access to healthy food and physical activity environments, like farm to preschool or putting in preschool gardens or joint use with facilities that provide opportunities for physical activity. There are two national initiatives that you can check out--the Let's Move Child Care. It's a web-based initiative that seeks to increase the number of children cared for by early care and education and (meets?) obesity best practices. And then, I've already touched on the Physical Activity Midcourse Report. There's an entire sub-setting directed to this age level of kids. So, the earlier we start the better. It helps them set lifestyle behaviors at an early age.

**DON WRIGHT:** Thank you, Dr. Dorn. Cheryl, there's another question for you that involves school-based interventions. How do you implement physical activity into a school's curriculum, besides through an after-school program?

**CHERYL MODER:** Well, as I mentioned earlier, our initiative is focused on policy and environmental change. We have a very active and robust schools and after-school domain working group that meets once a month. There are 42 school districts in the County of San Diego, so we have a lot of activity going on. Much of our focus is really on making sure that that the school districts' local wellness policies are robust and well implemented. We've taken lots of opportunities and provided lots of information on our website to assist and support these school districts in creation of effective wellness policies. It's through the wellness policies that we encourage not only physical activity... and there are some state mandates in California for the number of minutes of physical activity that are required. We also encourage opportunities for inclusion of physical activity throughout the school day in other ways as well. One school district, for example, has implemented what they call "brain breaks" during class time. This is during academic class time. Kids every so often are encouraged to just stop what they're doing, get up, and kind of shake out everything, and take the opportunity to participate in just a moment of physical activity. This is one example, but, again, we're focused really more on the policy aspects and environmental change.

**DON WRIGHT:** Great. Thank you. Dr. Sidelinger, another question for you that focuses on implementation. It sounds like partnerships play a key role in what you do. How have you established and sustained such a diverse partnership network?

**DEAN SIDELINGER:** I think having a structure and support for the partners' work is very important, so before the Childhood Obesity Initiative was launched, community input was sought for the Childhood Obesity Initiative Action Plan. So we solicited people from different sectors, from academia, from research, from the schools, businesses to tell us what they saw as the need for intervention to combat childhood obesity locally. When the Childhood Obesity Initiative was launched, the need for a convener, someone who could provide some structure, arrange meeting rooms, do some follow-up minutes and action items, and help out our partners who came together, oftentimes just once a month for a live, in-person meeting, but someone who could carry on that work for the rest of the month, follow up on emails and provide some support. Our partners who come to the table aren't paid for the work they do. They come because they buy into the collective impact we have together and having a neutral convener like CHIPs who can provide a director and some administrative support and can carry on that work of the volunteer partners between meetings and between large activities has really been the key to us continuing our sustained progress.

**DON WRIGHT:** Thank you, Dr. Sidelinger. I think we have time for just one or two more questions. Dr. Dorn, another question for you. Some people have said that, over the last fifty years, we have built physical activity out of our lives. How can we build it back in?

**JOAN DORN:** That's the question of the day. I want to bring us back to the 2008 guidelines which, as Dr. Koh mentioned, recommend that we get at least 150 minutes of at least moderate activity during the week, and point out that the beauty of these guidelines is that they allow some flexibility. We're reminded...the first recommendation is to avoid inactivity and then we can have some flexibility as to how we get the other 150 minutes. We get health benefits with as little as ten minute bouts. So, it's important to remind people that even a ten minute bout is better than no activity and perhaps something like walking is the best way to get activity back in your life. It's a great way to meet the

guidelines. It's consistently the most frequent activity by Americans and most Americans can walk and it requires no special skills or expensive equipment. By making some of the environmental changes that we've heard about today, we can make it easier for people to walk and easier to fit it into our lifestyle.

**DON WRIGHT:** Thank you, Dr. Dorn, for some very practical suggestions. There is one more question that I'll interchange. We had a participant who asked, "Where will the recording be housed, and will we have access to the slides?" The answer to that question is yes. You can reach both an archived version of today's presentation as well as the slides on our [healthypeople.gov](http://healthypeople.gov) website over the next week.

Um, that's it. Let me thank you for joining today's Webinar. We hope that you'll continue to join us for the Healthy People 2020 activities throughout 2013. Here's what's coming up. Next month, Healthy People will be hosting its second topic area Progress Review Webinar, an update on the progress we've made on injury and violence prevention and occupational health and safety. You can expect a *Who's Leading the Leading Health Indicators?* bulletin in April, and our next LHI Webinar will be held in May. To receive notices about upcoming events and updates on what to expect in the upcoming year, please sign up for our email updates on the Healthy People website at [healthypeople.gov](http://healthypeople.gov).

If you'd like to learn more about the San Diego story, you'll have an opportunity tomorrow. We're excited to announce that tomorrow, Friday March 22, we will be launching a Healthy People eLearning lesson. The online lesson further explores today's LHI topic and the highlighted organization. During the lesson, you will find out about the Childhood Obesity Initiative, its challenges and lessons learned, and how it's working to address one major challenge – when taking a systems approach, how do you define and measure the success of an effort? The lesson will be available on the [healthypeople.gov/learn](http://healthypeople.gov/learn) website. In closing, let me say that on behalf of HHS, I'd like to say thank you to today's presenters and everyone who's been involved in planning and implementing Healthy People 2020.

**[End of File]**